



developing digital competences
of care workers to improve
the quality of life of older people

**Stakeholder's
Analysis
Amended**

D7.1 Stakeholders Analysis

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Abstract

The CARER+ stakeholder analysis is a method used to identify and assess the needs and characteristics of key groups of people that influence the success of CARER+ project's activities. It contains a target group-based analysis of stakeholder interests and direct needs as results of a quantitative analysis of digital/ICT skills of the care workers and caregivers as well as the needs analysis of users focused on the webportal. This document delivers first-hand outcomes of a process structured in three rounds. In the first round, an in-house questionnaire combined with a local data-collection supporting grid was used to map stakeholders according to partner countries. The results of this desk-research and stakeholder-outreach activities were combined with the second round of actions where care workers were approached with self-administered questionnaires to gather information on their current state-of-art of digital skills. The quantitative analysis of data based on the second round was combined with the qualitative analysis of the third round if information gathering activity (also via self-administered questionnaires on a sample of stakeholders) mapping digital behaviour and needs of potential users of the web-portal.



Quality control checklist

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Generic Minimum Quality Standards	
Document Abstract provided	<input checked="" type="checkbox"/>
Document Summary provided (with adequate synopsis of contents)	<input checked="" type="checkbox"/>
CARER+ format standards complied with	<input checked="" type="checkbox"/>
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Objectives of Description of Work covered	<input checked="" type="checkbox"/>
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developing digital competences of care workers
to improve the quality of life of older people

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|| Summary

The Stakeholder Analysis was prepared in order to collect and evaluate the stakeholders with vested interest in the project across and beyond the countries of the project.

The CARER+ project is working in close co-operation with stakeholders in the countries where the project's piloting activities take place, as well as with external stakeholders planned to be involved to policy working visits. To optimize the involvement of direct stakeholders, the project is following the Stakeholder Theory in the context of the project partners' already existing networks. Based on this theory, CARER+ partner organisations/institutions are networks of parties working towards a shared goal. In this sense, project partners' internal and external interest groups are benefitting from the project's activities if they co-operate by creating mutually beneficial results (The Stakeholder Value Perspective). Furthermore the extensive involvement of identified external stakeholders into the project activities has been planned and implemented from the beginning of the project.

The Stakeholder Analysis aims to anticipate the consequences of the changes the project activities bring to existing structures and identifies stakeholders' 'success criteria' in order to assure a successful outcome for the project by developing co-operation with stakeholders. To reach this aim, internal and external stakeholders have been contacted and involved into the process of the Stakeholder Analysis.

Several rounds of data and information collection were set up within the context of this activity. The first round included a general data collection and analysis involving all partners of the project focusing on known stakeholders in the field with various features based on care and VET and cVET systems in place in the project countries. This activity involved a desk research as well as a network mapping action implemented by all partners, resulting in the comprehensive list of stakeholders according to countries and a list of European stakeholders. Following an analysis of characteristics, a matrix was set up to categorize and enable the definition of exact target groups and related actions for reaching these target groups successfully. This activity supported the understanding of current needs of the project stakeholders leading to specifications for future project activities. In a second round of actions an extensive survey of digital skills, job-related digital behaviour and expectations towards the aims the project among care workers and caregivers and their clients was done. During the activity a self-administered questionnaire was distributed to the target group identified in the first round of actions. The findings of this activity show a clear need for professional support in digital skills development and serve as starting point for activities of WP2, 3, 4, 5. Parallel to the second round of activities, a third round of actions, focusing on the current state-of-art of digital skills and needs of the target groups was launched and realised. The results of this activity (realised via a second self-administered questionnaire) supported the analysis of services and contents of the planned web-portal, leading to the definition of development basis of WP1.

Reference to CARER+ Description of Work: Task 7.1



|| Definitions

A stakeholder analysis is a technique used to identify and assess the importance of key people, groups of people, or institutions that may significantly influence the success of Carer+'s activities.

A 'Stakeholder' is:

- | Any person or organisation that can be positively or negatively impacted by, or cause an impact on the actions of a company. (Freeman, 1984ⁱ)
- | The individuals and constituencies that contribute, either voluntarily or involuntarily, to its wealth-creating capacity and activities, and are therefore its potential beneficiaries and / or risk bearers. (Post, Preston & Sachs, 2002ⁱⁱ)

Many models related to stakeholder action are based on the intuitive notion that stakeholders' interests drive them to mobilize and on the assumption that the purpose behind the stakeholders' actions is to achieve their own interests. (Rowley and Moldoveanu, 2003ⁱⁱⁱ). By examining these interests, CARER+ defines the dissemination actions needed within the project's framework to be able to reach a common perspective regarding the project's goals.



|| Aims and Objectives

The Stakeholder Analysis has been developed in order to identify the stakeholders likely to be affected by or influence the activities of the project and to assess how those stakeholders could be impacted or impact upon the project activities. The Stakeholder Analysis aims to anticipate the consequences of the changes the project activities bring to existing structures and identifies stakeholders' 'success criteria' in order to assure a successful outcome for the project by developing co-operation with stakeholder.

CARER+ used an easy-to-use stakeholder matrix to:

- | **identify** people, groups, and institutions that will influence our initiative (either positively or negatively)
- | **anticipate** the kind of **influence**, these groups will have on our project
- | **develop strategies** to get the most effective support possible for CARER+ and reduce any obstacles to successful implementation of our Work plan.





|| Identified Stakeholder Categories

In the first round of activities a **Stakeholder Analysis Matrix** was set up to allow a systematic analysis approach to evaluate data of various nature. To be able to collect relevant contact details and later valuable information and data from external stakeholders, a list for the various stakeholder categories was established.

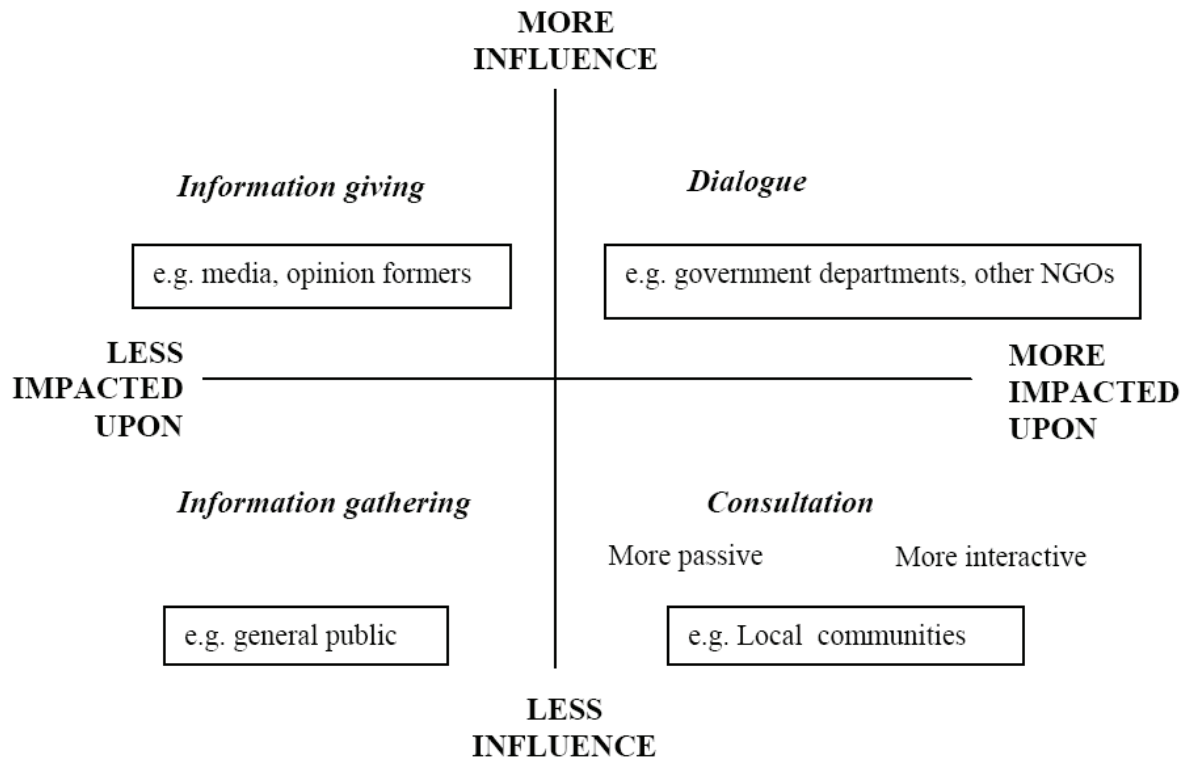
Stakeholder Category List
European Commission
Care workers
CAREER+ Pilot: Italy
CAREER+ Pilot: Sweden
CAREER+ Pilot: France
CAREER+ Pilot: Romania
CAREER+ Pilot: Estonia
Care recipients
Care givers
CAREER+ Pilot: Italy
CAREER+ Pilot: Spain
CAREER+ Pilot: France
CAREER+ Pilot: Romania
CAREER+ Pilot: Latvia
Social Services
Voluntary Organisations/NGOs
Research Community (IPTS)
Telecom Internet Service Providers
Medical Staff (Doctors, Nurses)
International National and Regional Policy makers
Telecentre Trainers
Certification/Accreditation Authorities
ICT Developer Organisations, such as Mozilla Foundation
VET/cVET providers
Association of GPs
Association of Seniors
eHealth SMEs
Seniors' Homes
International Labour Organisation





Stakeholder Analysis Grid

Identified key stakeholders and their interests (positive or negative) in the project, their influence, and the importance and the level of impact of each stakeholder group have been listed according to stakeholder groups following the Analysis Grid. The features of the four field represented in the Grid provides the basis for the list of measures to be undertaken in terms of dissemination and exploitation activity planning are being considered when designing the project communication channels and media.



Stakeholder Analysis Grid⁴

Target group definitions based on Stakeholder categories

Primary stakeholders are institutions, organisations and individuals who are directly involved in elderly care. This group includes policy-makers in care systems from local to European level, organisations uniting care-workers and individual care-workers themselves, local GOs and NGOs specialized in care services directly involved in the piloting phase of the project, institutions accrediting qualifications related to national and local care systems, and specialised research groups involved in social care research.

Secondary stakeholders are institutions and organisations specialised on initial and continuing vocational training of carers, researchers and research institutions on the field of social care eHealth as well as technology-enhanced learning and digital competences, organisations of general practitioners and nurses, and associations of seniors.

Note: People aged 65+ remain a core target group for CARER+, they will be directly involved in project activities via the care worker taking care of them. Furthermore, this target group's





associations will be contacted in countries where the piloting of the project takes place via e-mail, personal contact and traditional direct mailing methods.

Primary and secondary stakeholders have been divided in 3 groups and described in detail against the categories of impact, influence, interests, potential obstacles of involving them in the project, and strategies of overcoming these obstacles. **The result of this analysis is described in the 'Findings' section of this document.**





Quantitative analysis of digital/ICT skills of Care workers & Caregivers

Survey period: September 2012 – November 2012

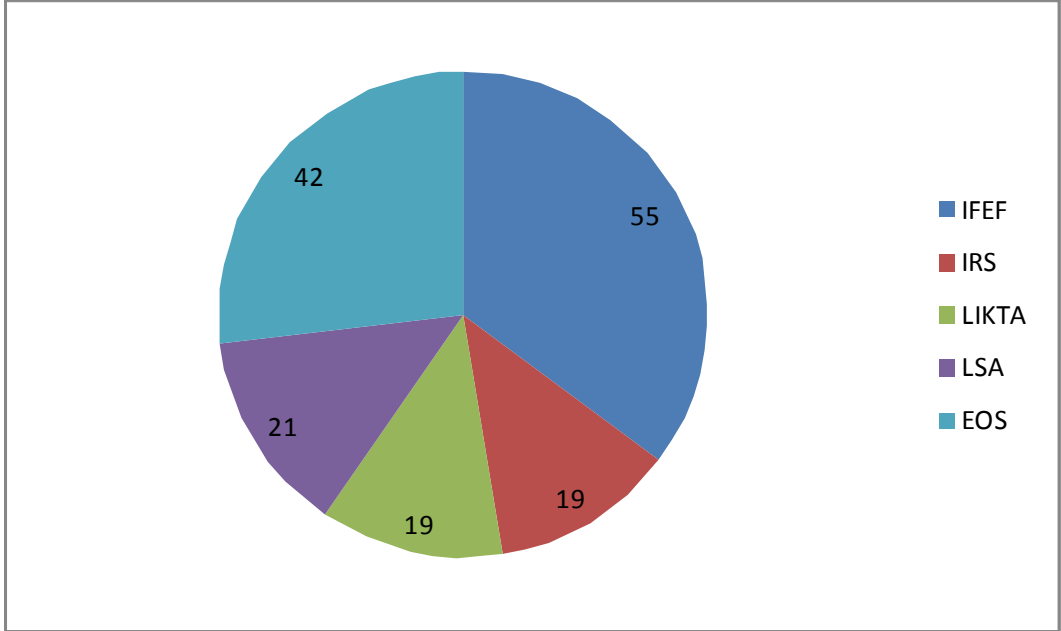
Participating partner organisations: EOS (RO), IFEF (FR), IRS (IT), LIKTA (LV), LSA (LV)

The survey was conducted between September and November 2012 by 3S. An online questionnaire was developed with the support of “Lime Survey”, an open source programme, and sent per Link to the participating organisations.

The organisations collected the following number of questionnaires:

- | EOS (Romania, 42)
- | IFEF (France, 55)
- | IRS (Italy, 19)
- | LIKTA (Latvia, 19)
- | LSA (Latvia, 21)

Figure 1
Questionnaires received by partners (in total numbers)



Source: Survey conducted by 3s, September – November 2012, n=156





In total, 156 questionnaires were analysed for the following report. Difficulties were reported in finding care workers/caregivers that would answer the questionnaire in countries such as Italy where care workers were often reluctant of exposure due to their migrant status and/or undeclared work condition.

On the contrary, in France most of the people participating are organised care workers/caregivers that work under completely different conditions than those illegally working in Italy.

In Latvia most of the people working as care workers/caregivers are of Latvian origin as the country has difficulties attracting people from other countries to come and work in Latvia at the moment (even in the care sector, where a high proportion of migrant workers was expected).

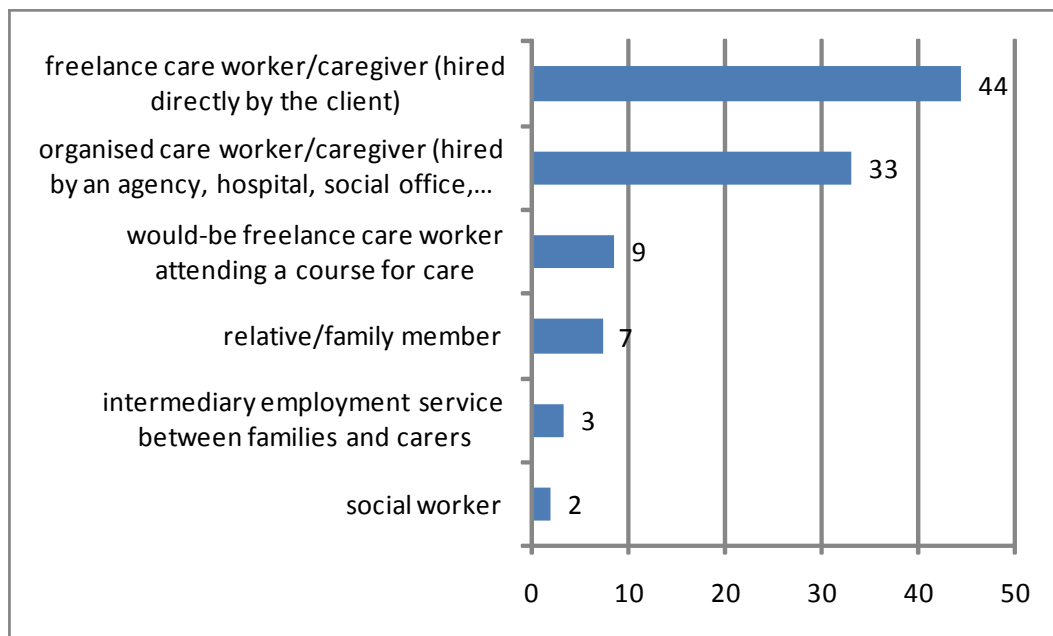
Results

All Figures' Source: Survey conducted by 3s, September – November 2012

GENERAL INFORMATION ON RESPONDENTS

44% of respondents work as freelance care workers/caregivers (hired directly by the client), 33% are organised care workers/caregivers (hired by an agency, hospital, social office etc.), 9% are would-be freelance care workers attending courses for care, 7% are relatives or family members, 3% work at intermediary employment services between family and carers (e.g. an agency hiring caregivers, care workers), and 2% are social workers.

Figure 2 : Respondent's job



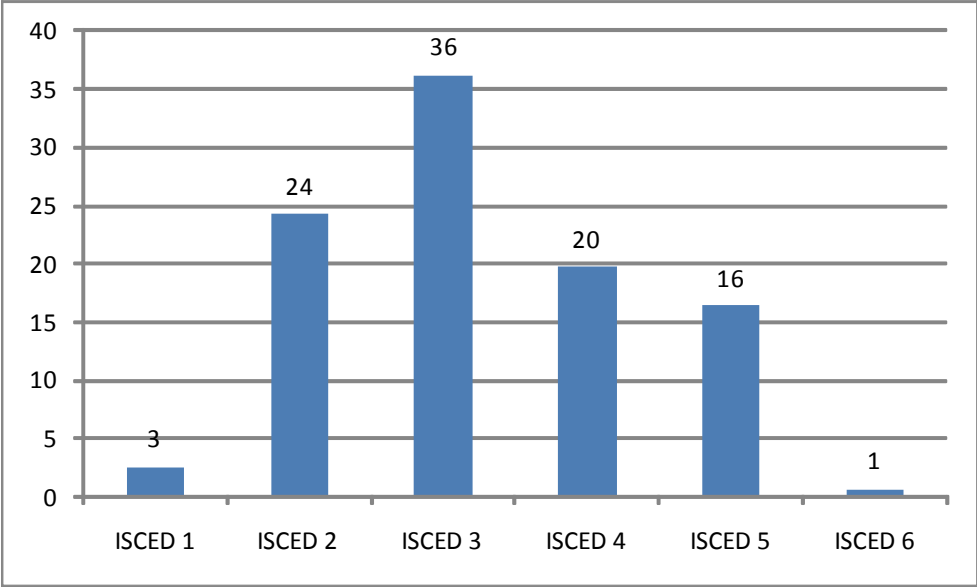
With regards to the level of education of respondents: 3% have ISCED 1 (Primary education or first stage of basic education), 24% have ISCED 2 (Lower secondary education or second stage of basic education), 36% have ISCED 3 (Upper secondary education), 20% have ISCED 4 (Post-secondary non-tertiary education or Short-cycle tertiary education), 16% have





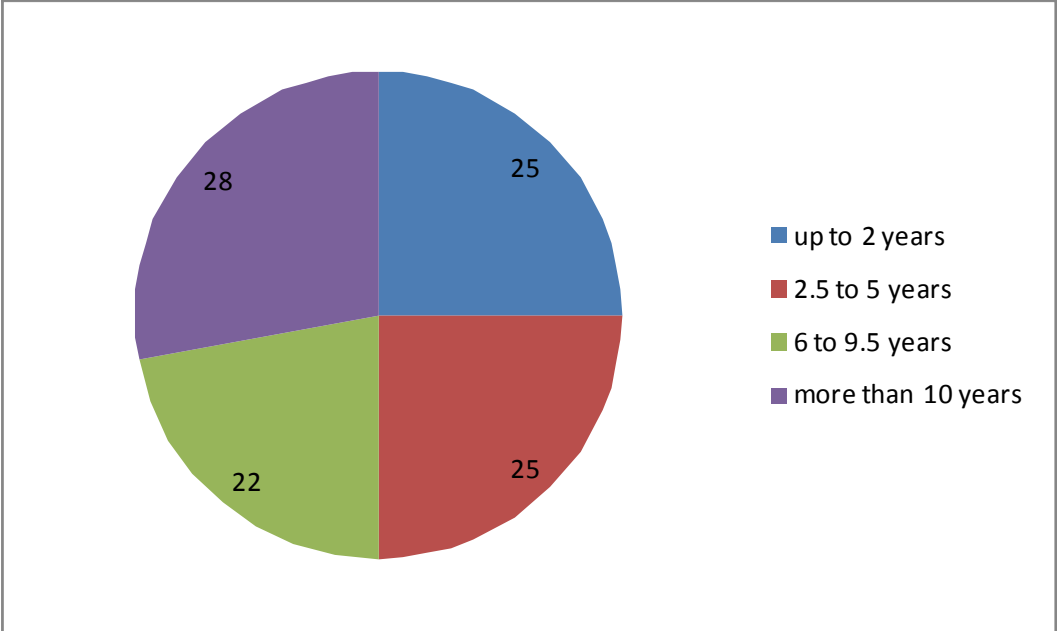
ISCED 5 (Bachelor or equivalent or Master or equivalent), and 1% has ISCED 6 (Doctoral or equivalent).

Figure 3 : Respondent's level of education



25% of all respondents have up to 2 years experience in care work, and another 25% have between 2.5 and 5 years of experience. 22% of respondents have between 6 and 9.5 years of work experience, and 18% have more than 10 years.

Figure 4: Respondent's years of experience in care work

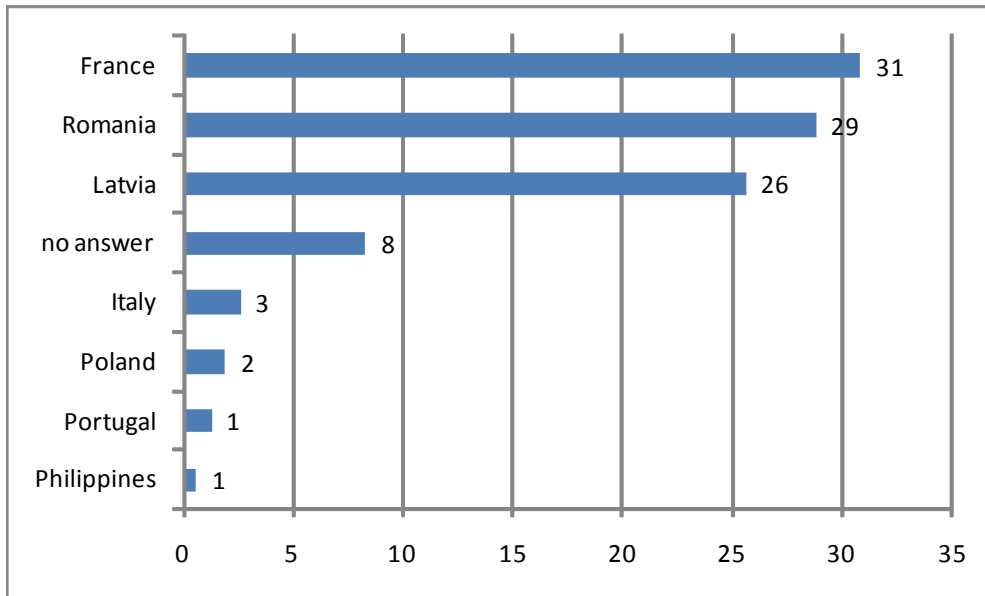


The respondent's country of origin is most often their country of residence, which is surprising as more mobility was expected in the care sector. 31% of respondents are from France, 29% from Romania, 26% from Latvia, 3% from Italy, 2% from Poland, and 1% from Portugal and the Philippines, respectively. 8% of respondents declined to answer this question.





Figure 5: Respondent's country of origin

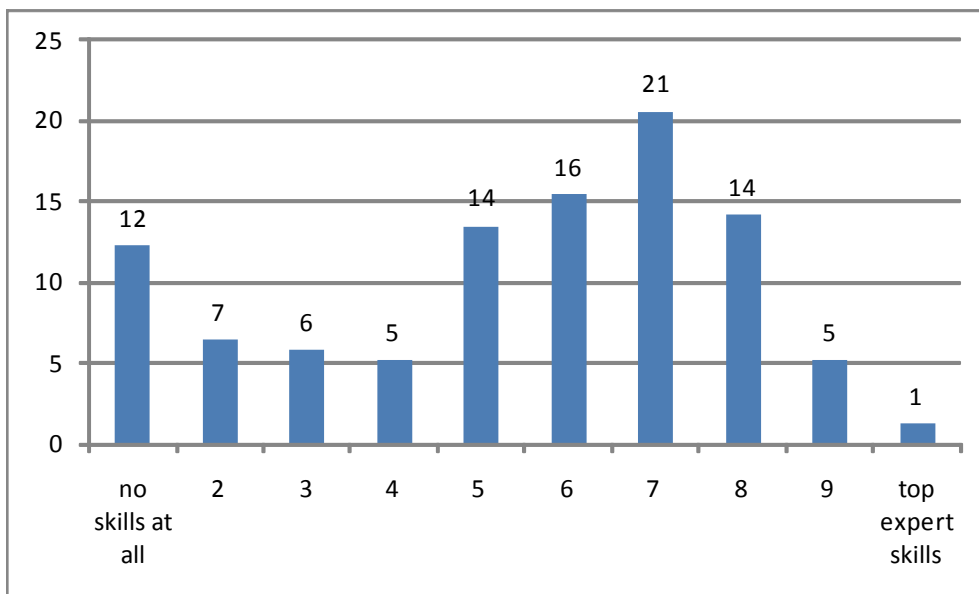


As the number of respondents is too small to further differentiate the following answers by the country of origin of the respondents, the following information will deal with the overall estimations of all respondents.

INFORMATION ON RESPONDENTS' DIGITAL SKILLS AND COMPETENCES

Firstly, respondents were asked to estimate their overall level of digital/ICT skills on a scale from 1 to 10: The majority (50%) rated their skills between 6 and 8. 44% rated their skills as below average (1-5), 12% of total respondents said that they have no digital/ICT skills at all. Only 1% rated their digital/ICT skills at expert level.

Figure 6: Overall level of digital/ICT skills



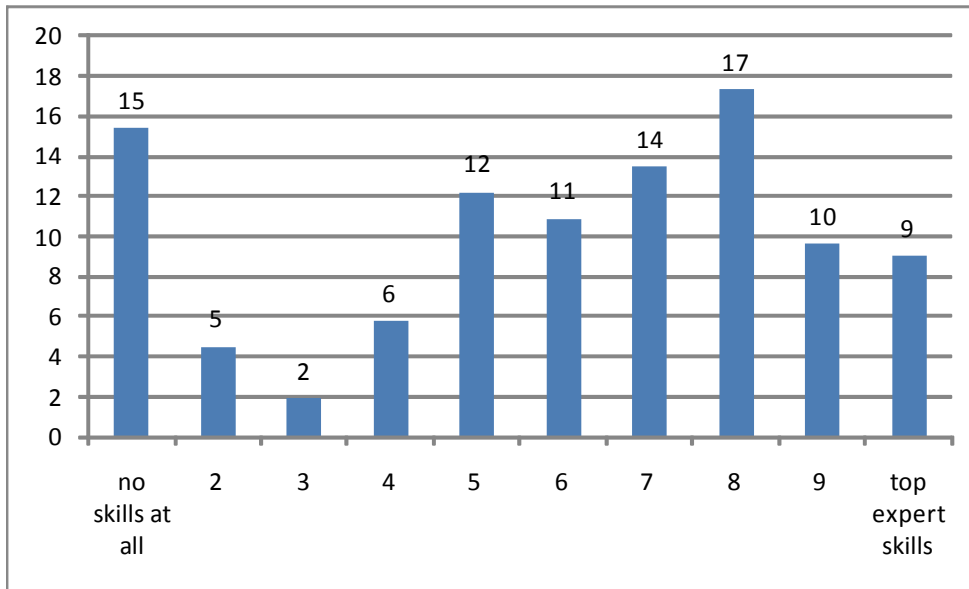
Secondly, the respondents estimated their level of skills in e-mail management





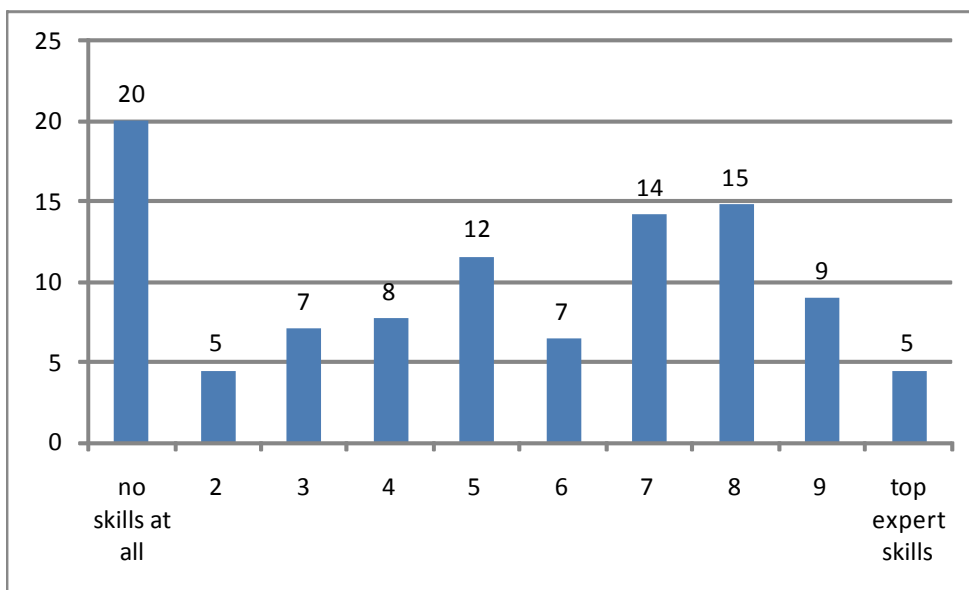
(organisation of e-mail messages and contacts – sending, receiving, searching, sorting, grouping, indexing; attachments; email security). Here 60% of respondents rated their skills above average (6-10), with 9% of the total number of respondents rating themselves as having top expert skills. 15% indicated they have no e-mail management skills at all. The project partners' attention on how to reach those who indicated no digital skills needs to be raised.

Figure 7: Skills in e-mail management



With regard to the estimation of their level of skills in working with text processors (e.g. Word) 20% of the respondents answered that they had no skills at all. 51% rated their skills below the average, 49% above it.

Figure 8: Skills in working with text processors



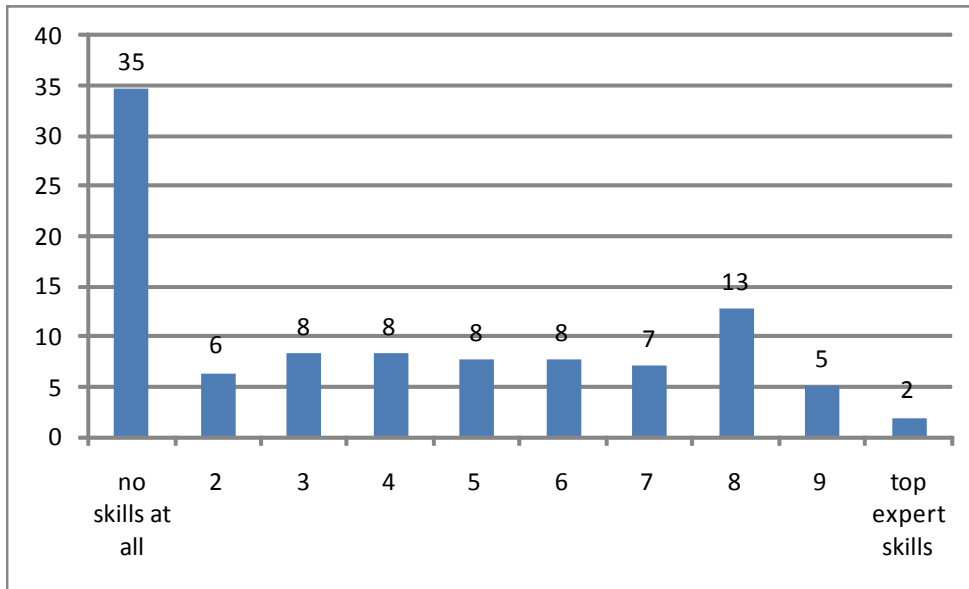
Responding to questions about their level of skill in working with spreadsheet processors (e.g. Excel), 35% of all respondents estimated their skills as non-existent (no skills at all), and





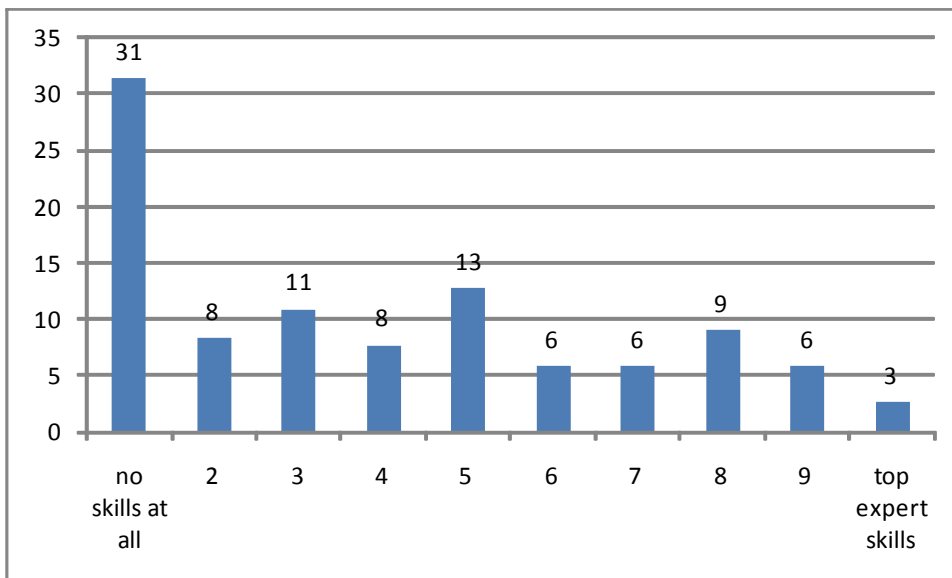
only 35% rated their skills above average (6-10).

Figure 9: Skills in working with spreadsheet processors



31% of the respondents estimated that when it came to working with presentation software (e.g. PowerPoint), that they had no skills at all. Only 29% of respondents rated their level of skill as above average (6-10).

Figure 10: Skills in working with presentation software

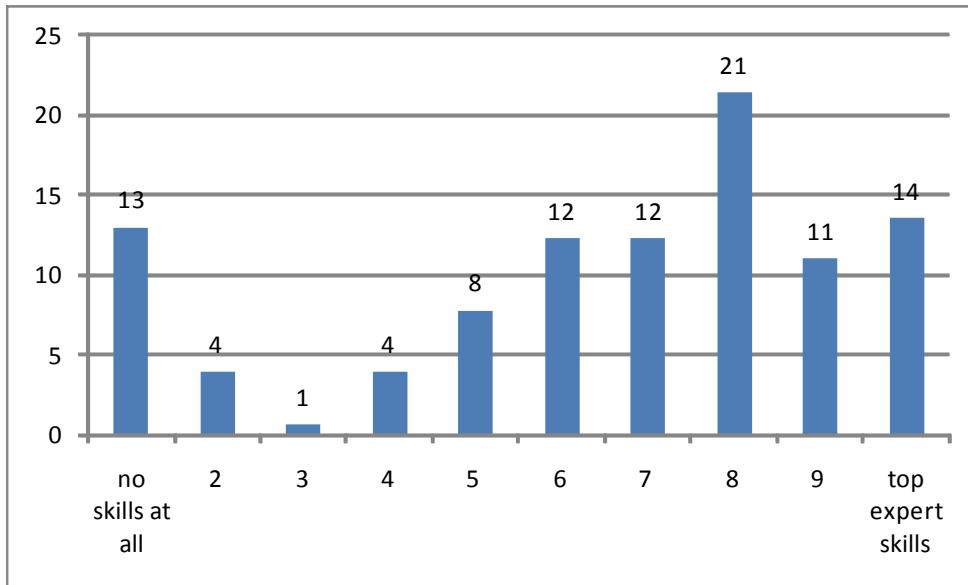


When it comes to searching and using information on the Internet (finding relevant information sources, evaluating information, orientation in web pages, uploading and downloading files) 71% of the respondents rated their skill level as above average (6-10), and only 13% indicated that they have no skills in searching and using information on the Internet at all.



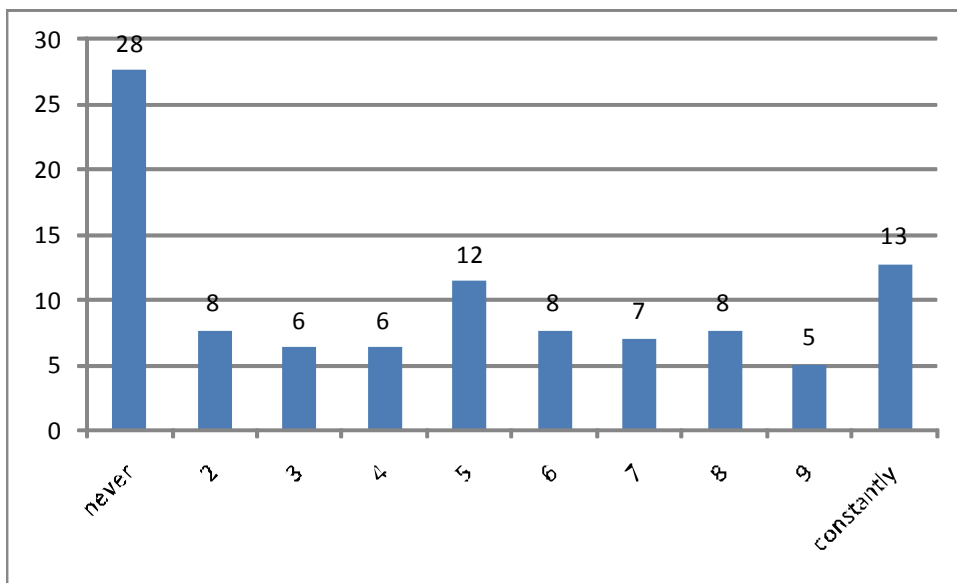


Figure 11: Skills in searching and using information on the Internet



When asked how frequently the respondents use online communication tools other than emails, e.g. Skype or ICQ, 28% of respondents answered “never”, but 13% replied that they use it constantly. 60% estimated their frequency of using online communication tools less than average (1-5), 40% above average.

Figure 12: Frequency of using online communication tools

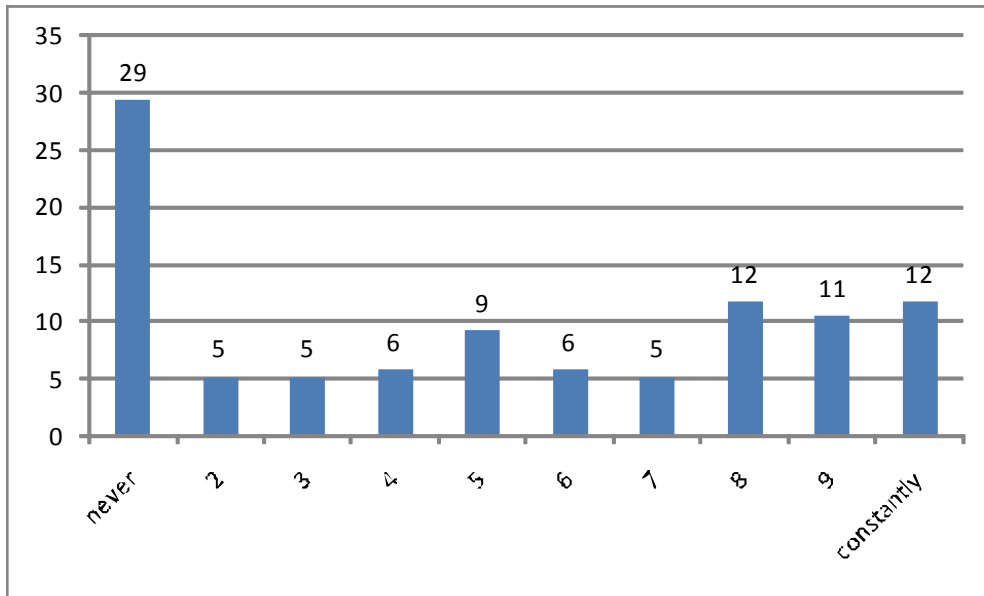


29% of respondents never use social networks, such as Facebook, Twitter, Google+, and LinkedIn. 55% rated their use of these tools as below average (1-5), but 35% rated their frequency of use as very high (8-10).



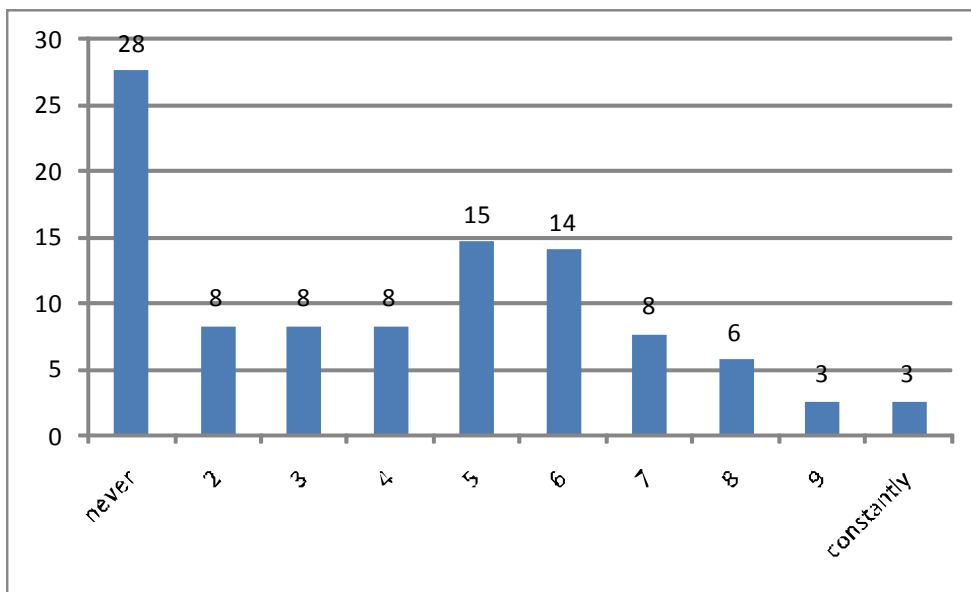


Figure 13: Frequency of using social networks



28% of all respondents never work with digital media (downloading, uploading, creating and editing of photos, videos, music files). 67% rated their use of this as below average (1-5), 23% as above average (6-10).

Figure 14: Frequency of working with digital media



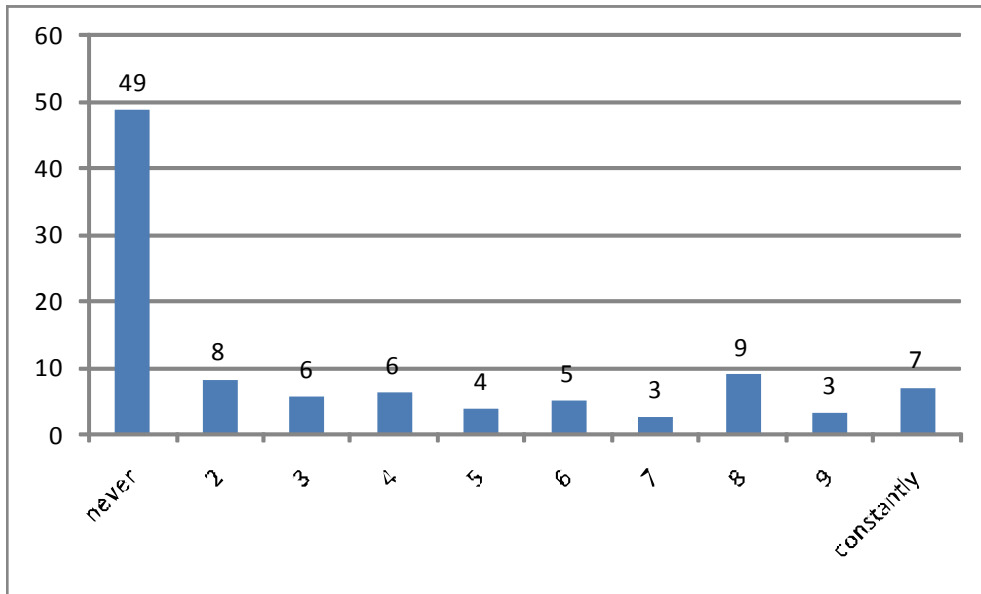
With regard to the use of smart devices such as smart phones (e.g. iPhone, HTC, Blackberry, Samsung Galaxy, etc.) and/or tablets (iPad, Amazon Kindle, Google Nexus, etc.), 49% indicated that they never make use of them. Only 27% rated their usage as above average





(6-10).

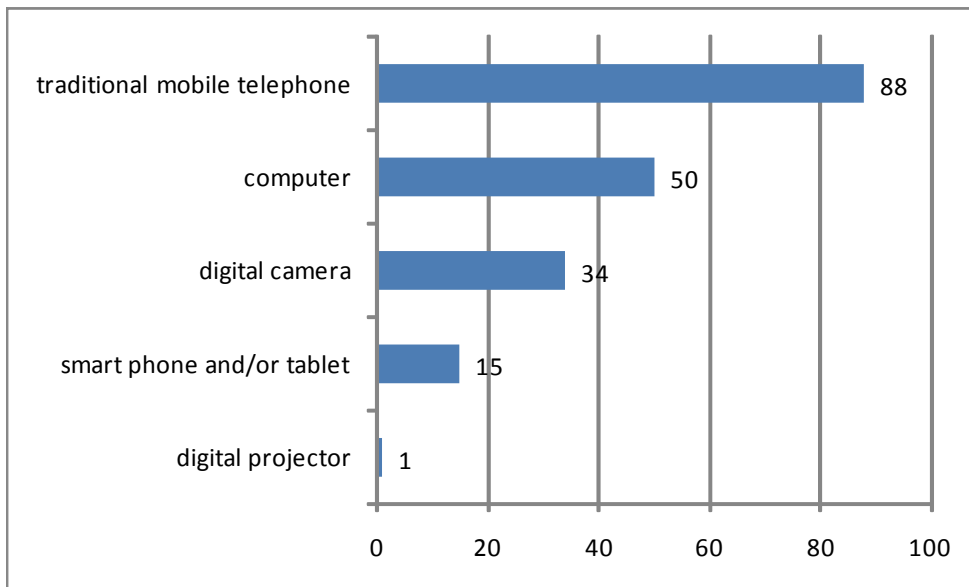
Figure 15: Frequency of using smart phones and/or tablets



DIGITAL SKILLS AND TECHNOLOGY IN CARE WORK

In response to the question “In connection with your job, which of the following devices do you use?” 88% mentioned traditional mobile phones, 50% computers, 34% digital cameras, 15% smart phones and/or tablets, and 1% digital projectors.

Figure 16: Use of devices (multiple answers allowed)



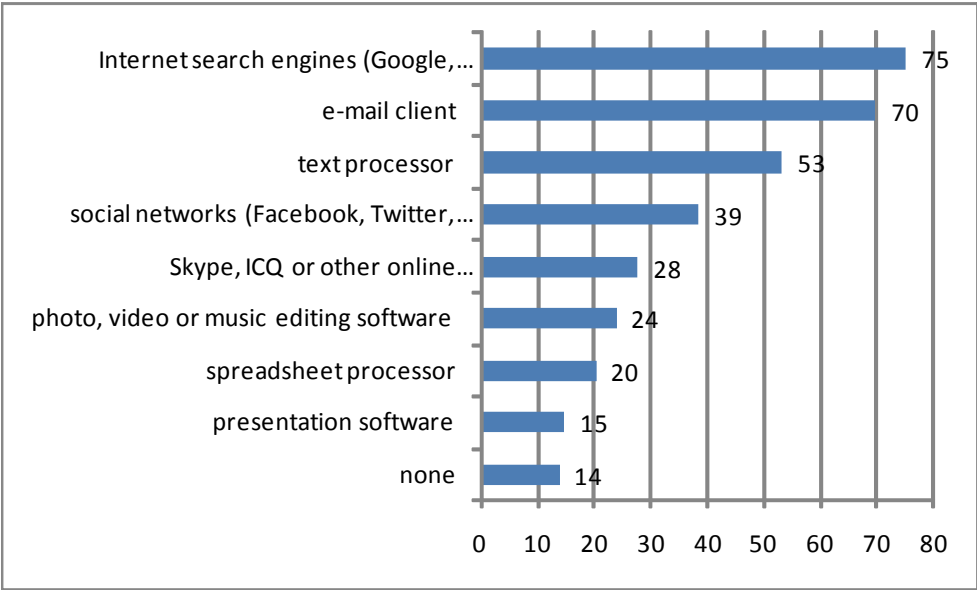
In relation to the use of ICT applications in the performance of their jobs, 75% of respondents use Internet search engines, 70% use e-mail clients, 53% text processors, 39% social networks, such as Facebook, Twitter, Google+, LinkedIn, etc, 28% use Skype, ICQ or





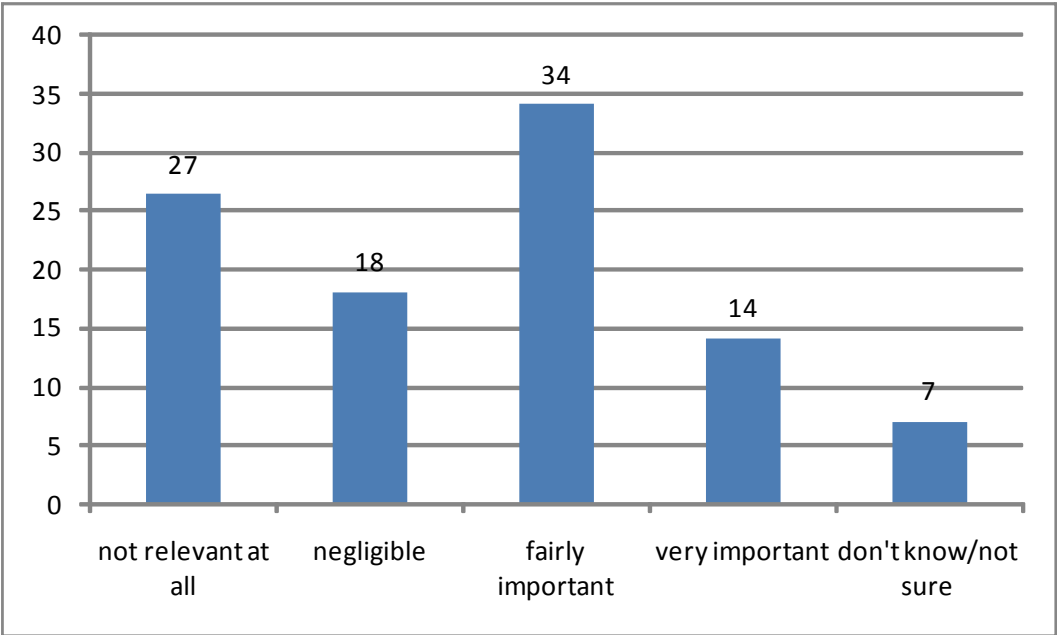
other online communication software, 24% photo, video or music editing software, 20% spreadsheet processors, 15% presentation software. 15% of respondents use no applications at all in connection with their job.

Figure 17: Usage of applications (multiple answers allowed)



Answering on the importance of digital skills and the level of digital skills in the effective performance of their jobs, 27% of respondents stated that they were not at all relevant. 18% indicated they were negligibly important, 34% fairly important, 14% very important and 7% do not know/are not sure.

Figure 18: To perform your job well, your level of digital skills is:



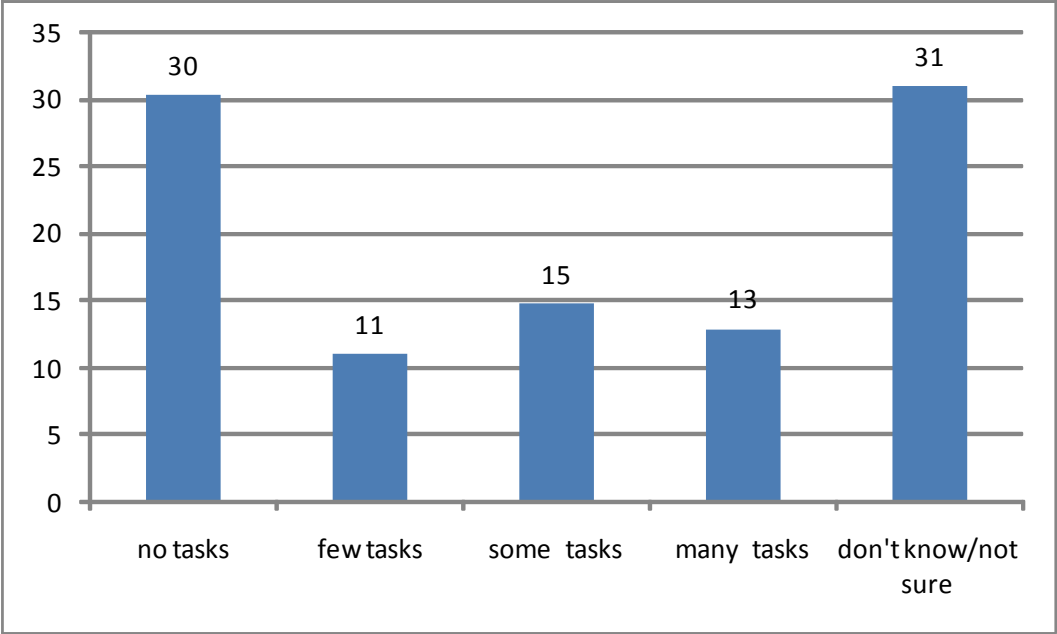
30% of the respondents stated that there are no tasks or activities that could be undertaken more effectively if supported by the use of digital technology/ICT. 11% answered that there are





few tasks that could be improved by digital technology/ICT, 15% stated there are some tasks, 13% stated there are many tasks, and 31% do not know / are not sure.

Figure 19: Tasks that could be carried out better if supported by digital technology/ICT

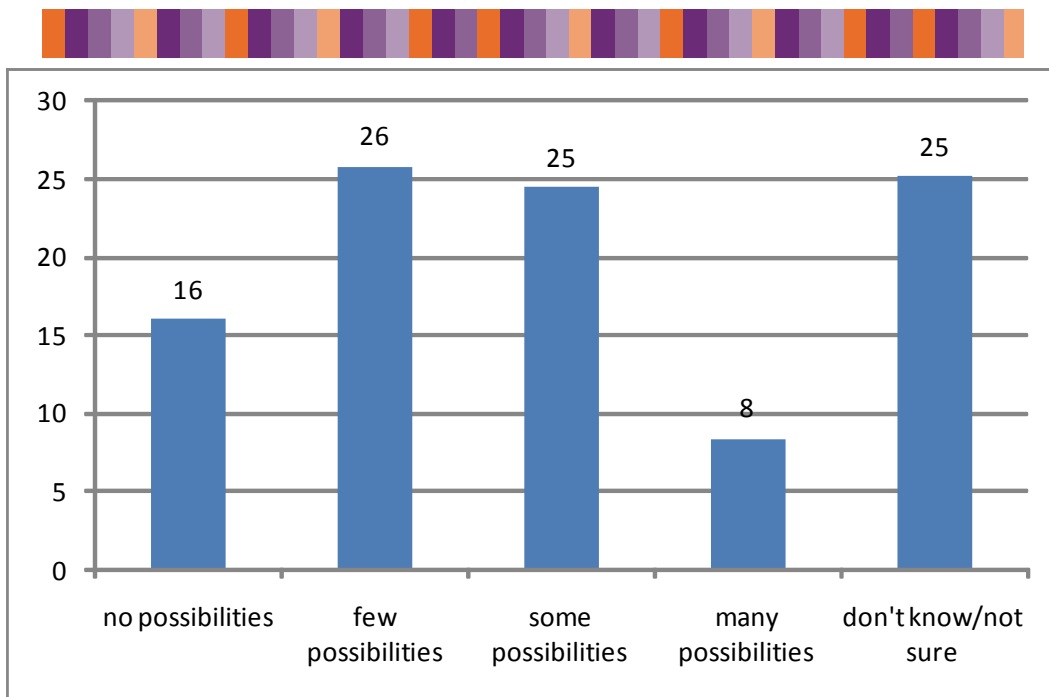


When asked in more detail about which tasks could be supported by digital technology/ICT, those respondents who answered “few tasks”, “some tasks”, “many tasks” mostly identified organising/planning/reporting activities, contacts with doctors and families, and obtaining information on health issues from the Internet (for more detailed information see Annex 4.1).

16% of the respondents stated that there are no opportunities to learn about and receive training in digital skills related to their job (courses, classes), 26% said there are few possibilities, 25% some possibilities, 8% many possibilities and 25% do not know / are not sure.

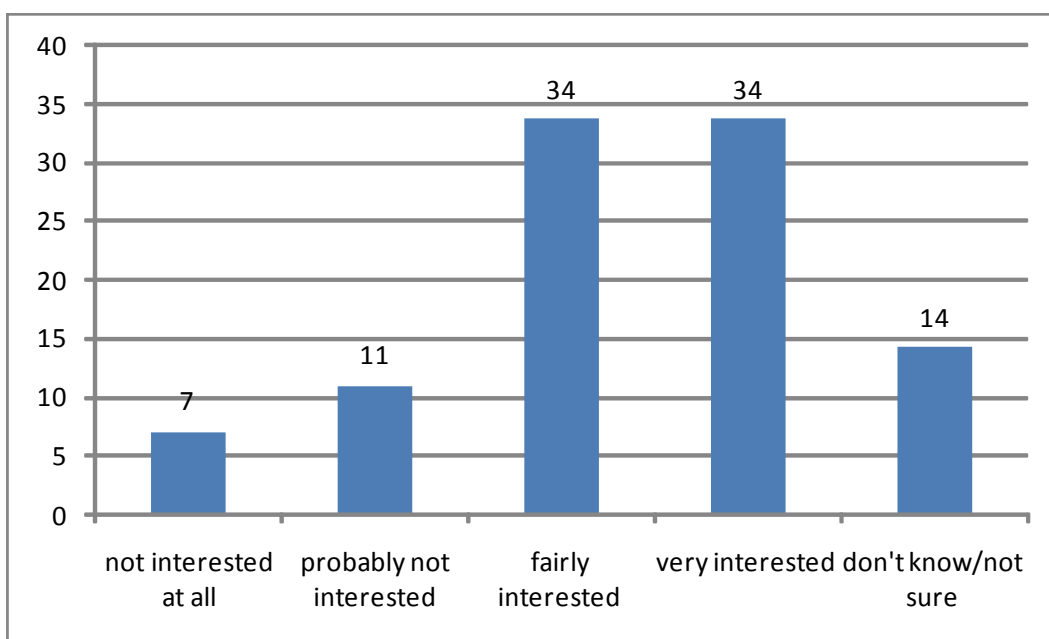
Figure 20: Opportunities to learn and train digital skills





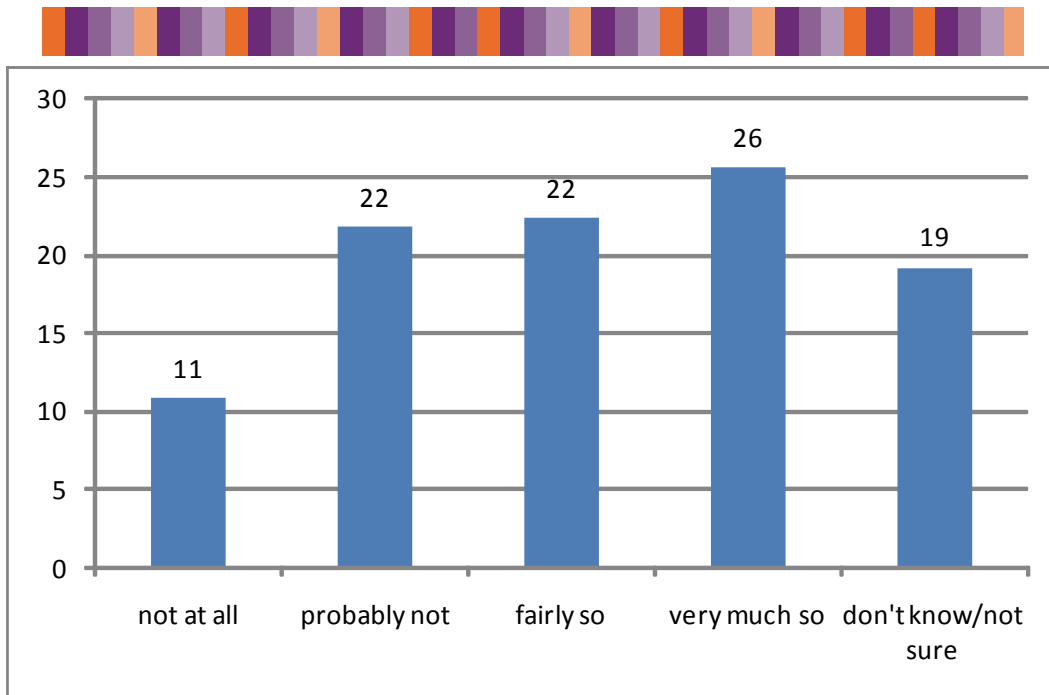
7% of respondents stated they are not interested at all in attending a course or learning programme focused on enhancing digital skills related to their job, 11% are probably not interested, 34% are fairly interested, 34% are very interested, 14% do not know / are not sure.

Figure 21: Interest to learn digital skills



11% of respondents think that a higher level of digital skills will have no impact on their professional status and chances on the care work labour market, 22% stated it would probably not have any effect. However, 22% thought it could have a fair impact, and 26% believe it could have a significant impact. 19% do not know / are not sure.

Figure 22: Enhancing of professional status by higher level of digital skills

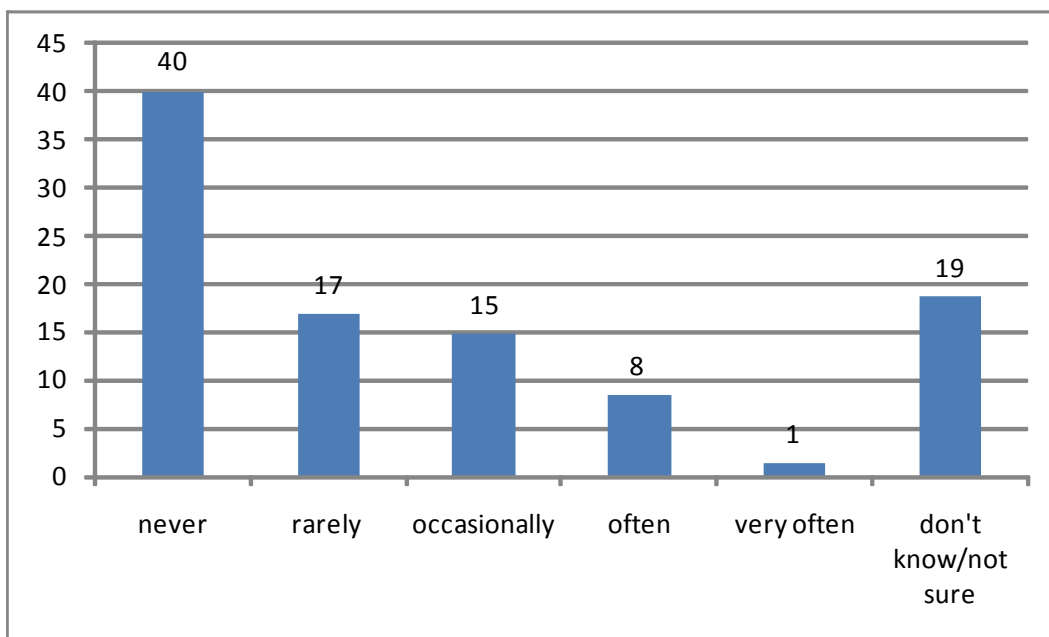


Those people who answered “fairly so” or “very much so” were asked to briefly describe which digital skills could be an advantage in their field of work. The most common answers were: Advanced internet navigation skills, spreadsheets skills, text editing/processing skills (spreadsheet and text processing also for documenting their own work); better research skills to find relevant information on Internet (for more detailed information see Annex 4.2).

ASSESSMENT OF CLIENTS’NEEDS

40% of the respondents stated that their clients never use digital devices and/or applications of their own, 17% answered that they rarely do. 15% indicated that their clients use digital devices occasionally, 8% that they do so often, and only 1% that they do so very often. 19% of respondents do not know / are not sure.

Figure 23: Clients’ use of digital devices and/or applications





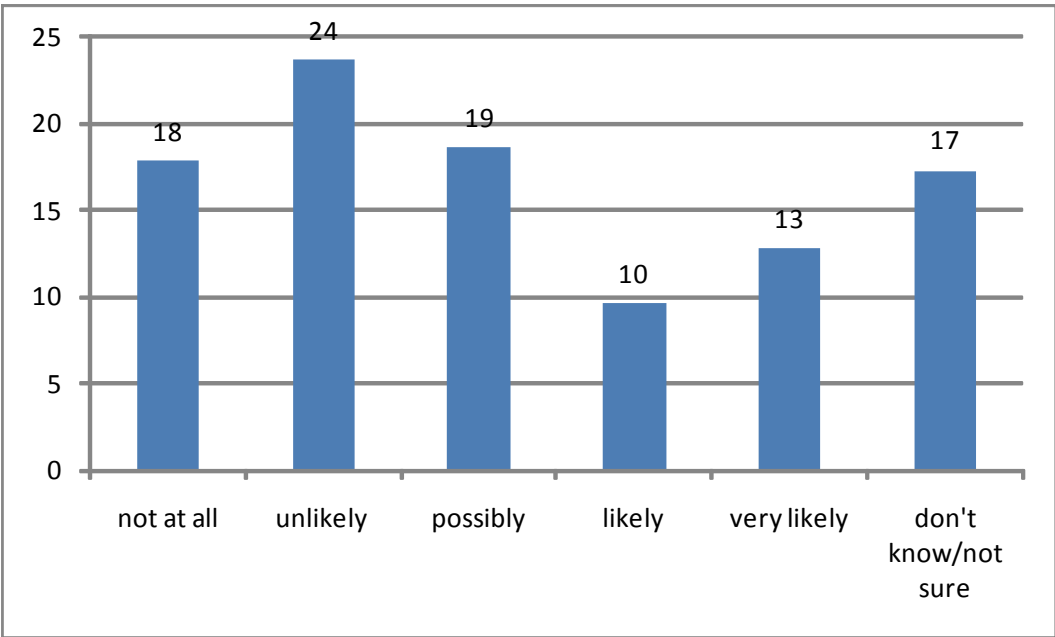
If the respondents answered “rarely”, “occasionally”, “often” or “very often” they were asked to briefly name digital devices and/or applications their clients use. The most common answers were:

- | Traditional mobile phones;
- | Smart phones;
- | Computers;
- | Internet, Google, Facebook, e-mail

For more detailed information see Annex 4.3.

18% of the respondents stated that it is not at all likely that their clients would appreciate being provided with additional services supported by the respondent’s skills in digital technology/ICT. 24% answered it is unlikely they would appreciate it, 19% commented that their client may possibly be interested, 13% that it is very likely they would appreciate it, and 17% do not know / are not sure.

Figure 24: Appreciate additional services supported by digital/ICT skills



Those respondents answering “possibly”, “likely”, “very likely” were asked to briefly describe additional services based on their digital skills that their clients would appreciate. The most common answers were:

- | Better and free communication services based on internet applications as Messenger, Skype, etc.;
- | Communication, doctor's appointments, staying in contact with their family, other people (“Communication services in order to help them to keep in touch with relatives because most of them are living alone.”);



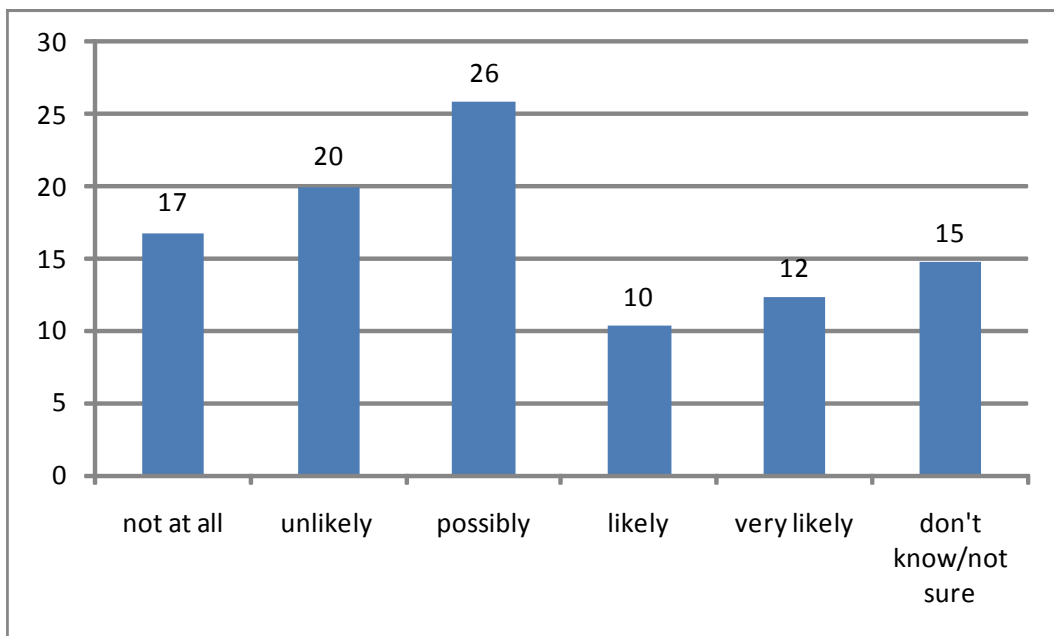


Basic digital skills, basic Internet skills, being able to search the Internet (finding information).

For more detailed information see Annex 4.4.

17% of respondents indicated that it is not at all likely that their clients would use simple digital devices that would help them organise daily activities such as keeping their medication schedule or planning meetings. 20% stated it is unlikely, 26% that is possible, 10% that it is likely, 12% that it is very likely, and 15% do not know / are not sure.

Figure 25: Likelihood of using simple digital devices for keeping medication schedule or planning meetings

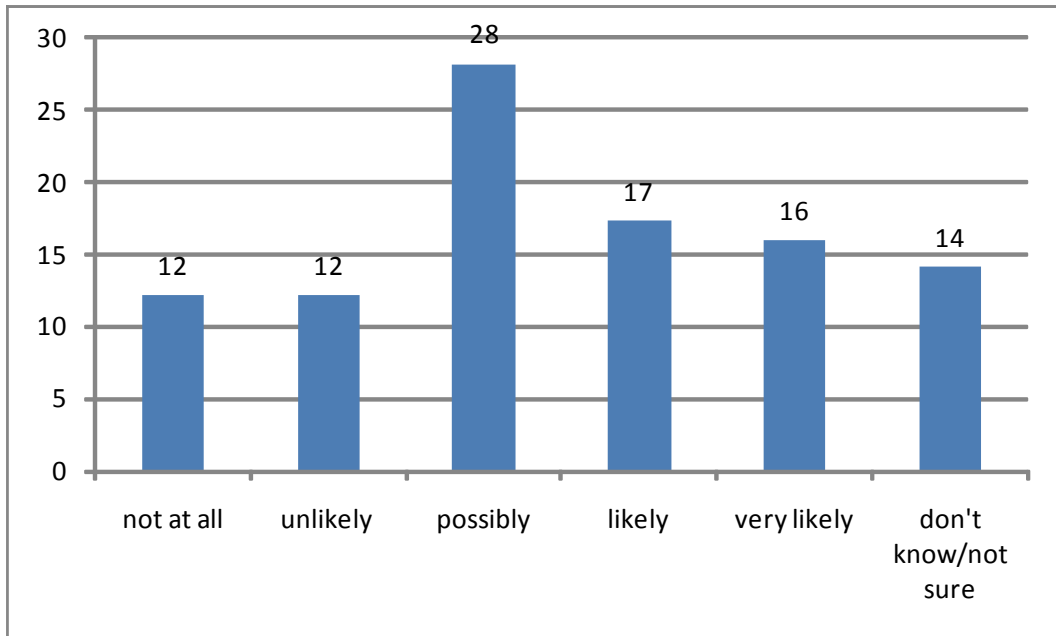


12% of the respondents declared that it is not at all likely that their clients would use simple digital devices that would help them communicate with family and friends (making phone calls, sending emails and messages, engaging in social networks). 12% stated it is unlikely, 28% that it is possible, 17% that it is likely, 16% that it is very likely, and 14% do not know / are not sure.





Figure 26: Likelihood of using simple digital devices for communication with family and friends





OPEN QUESTIONS

Are there tasks or activities in your job that could be carried out better if supported by usage of digital technology/ICT?

If the respondents answered that there were few, some or many tasks, the following tasks were listed:

- | Communication over Skype - checking the condition of care receiver, electronic prescription of medicine
- | reporting, making care work plans for the next week, communication with other care workers
- | Planning care schedule, reporting, searching for advice on care work online, communication with colleagues
- | Security button administration
- | reporting results, searching for care work tips and advice, communication with management
- | Connection with colleagues, reporting
- | Contacting doctor
- | Checking out information, making photos of patient, treatment tools
- | Search for information on the Internet
- | Communication , training
- | Find information on the Internet about patients' illness, new medicine
- | Communication with the care receiver (via Internet), search for care information
- | Providing my care person with information, having Internet communication with care person, finding out the right prescriptions
- | Planning daily activities using applications such as Word or Excel.
- | Activities related to the recipient's wishes/needs to know more about different diseases, treatments, treatment places.
- | completing the daily report regarding the care workers work, planning their activities by creating a calendar
- | reporting task, collecting information in my fieldwork
- | organising better daily tasks using Internet for paying the bills, making online appointments to the doctor and treatment for the cared beneficiaries
- | The tasks related to databases in order to gather the information from the care-workers, also the Internet skills to be able to search information and to be in touch with all the new things that appear in the care work sector.





- | Tasks regarding the collection of information from the internet - information needed by the care-workers when they are in the working field and they don't know certain things about care recipients' treatment or other things.
- | payment of bills - prescription of medicaments - patient's diary
- | Get information on health issues
- | Planning schedule, organisation of lunches and activities, accounts, management of available places, and many other things!
- | Answering mail and planning schedule
- | Organisation of lunches, contacts with family and doctors, education
- | finding new songs and pictures, sending photos to parents by email
- | Spreadsheets
- | In order to help children working with computers
- | Sharing information with families, managing schedule and salary with families, searching for new employers and new tools for children, editing pictures, training, etc.
- | Fill and amend employment contracts, quicker communication with child care authorities
- | Downloading video clips, recording lists of tasks for the helper or medical advice, easy-to-handle cell phone for persons with disabilities or memory troubles
- | Online orders, administrative procedures, online recipes, doctors' contact details, etc.
- | Online training
- | Creating databases with all the persons that are working in the domiciliary care sector in order to find more people working in this field.
- | Maybe task related to better time management: tables in Excel to keep evidence with the things that need to be done during the day.
- | I use ICT in all my daily tasks.
- | Tasks whereby I have to inform myself about treatments and new procedures appeared in the medical field. Most of them (my clients) are very sick and the information is a very important aspect in this field.
- | Planning activities and those related to appointments that need to be done for the care recipients.
- | Task regarding the list for shopping, daily report activities, requests for different institutions for the care recipients, evidence with the activities that weren't carried out.





Would a higher level of digital skills enhance your professional status and increase your chances on the care labour market?

If the respondents answered “fairly so” or “very much so” the digital skills that could be an advantage in the field, that were listed the most, were:

- | Skills to search the internet, skills related to text processors, spreadsheets, presentations and databases.
- | Besides this, also website development, photo processing, using online applications, using internet communication tools, smart-phones and tablet PCs, social networks
- | I am interested in learning new things , including digital skills
- | Working with a computer will help to prepare my documentation and reports
- | Search of information on internet, internet communication tools
- | Skills to search on the internet for necessary information.
- | skills related to the use of online applications
- | The skills related to text processors, presentations and database. Also internet navigation skills are very important.
- | Those about creating databases.
- | I would like to be able to use a computer
- | Work
- | Internet to learn more about certain subjects and communication tools to remain in touch with institutions relevant to home care
- | Better access to information and better proficiency
- | Possibly answering clients' needs
- | Spreadsheets processor, photo editing software, accountancy programme, etc.
- | E-mails, appointments
- | Better research skills to find relevant information on internet
- | Website development
- | Spreadsheets
- | Excel for sharing schedule with families, word for trainings, presentation and photo edition programmes to prepare presentation material
- | Apply for jobs in other sectors
- | Relationships
- | Social networks, word processing, photo edition programmes
- | Computer literacy





- | Online job offers, training
- | Internet navigation, working with spreadsheets
- | Skills related to the use of new devices as smart-phones, PC tablets. They are small devices that can be carried out easy all the time with you, so you are permanently connected to internet.
- | maybe better excel skills.
- | Internet navigation because we can identify the people working in the care sector, Advanced skills related to spreadsheets.
- | Digital skills related to Social networks: using social networks you can be in touch with other professionals and talk about common topics from domiciliary care sector.
- | Because I'm taking care of my mother I think that the skills that I have at this moment are sufficient in order to ensure a better care and also to help her to navigate on the internet and to find the things she is interested in.
- | Better skills in using text processor, spreadsheets and presentation software.
- | Advanced skills of working with spreadsheets.
- | Advanced internet navigation skills, spreadsheets skills.
- | I think that the most important skills are those related to internet navigation and they are an advantage in the field of work. Of course and the skills about text processing and presentations are very important.
- | In home care work most important ICT skills are internet skills and those that can help the care worker to better organise his work: skills of text processing, low skills of using spreadsheets (to be able to make a table and easy operations as sorting and filtering, to introduce a formula). These are the skills that could be an advantage in the care work sector.
- | Text processing skills and social networks.
- | Good knowledge of office package. Skills to work with texts, tables, images, presentations and of course good skills of internet navigation.
- | Especially those skills that are related to office applications: spreadsheets skills, processing text in word. Also to be able to use new devices.
- | Skills about text processing and maybe social networks to be always in touch all professionals in this area. It is important to know to write a text and to do electronic documents.
- | Basic skills of computer operating as internet navigation, spreadsheets - especially tables, social networks.
- | In the care work sector the most important skills that can be an advantage are those of editing text, completing tables, to navigate on the internet in order to find out all the news that appear in the care work sector.
- | Basic digital skills such as writing texts, navigating on the internet, skills to use a smart-phone so you can have access on the internet and when we are on the field.





- | Those that really are an advantage are internet skills and those related to internet communication. Today it is impossible to be able to perform well your tasks without them.
 - | Text editing skills for documents in the first place and internet navigation for looking up for the information and for completing applications online.
 - | Internet navigation skill, texts edition.
 - | Basic skills of computer use as Internet navigation, text editing, skills presentation.)
-

Do your clients use digital devices and/or applications of their own?

If the respondents answered “rarely”, “occasionally”, “often” or “very often”, they were asked to briefly name digital devices and/or applications their clients might use.

- | Cell phones (13)
- | Computer
- | Computer, mobile phone (12)
- | Computer - Google, Yahoo, Facebook.
- | Computer - Google, Yahoo, Messenger, Facebook.
- | Computer: Yahoo/Messenger, Facebook, Google-Phone
- | Google, Yahoo mail, Yahoo messenger
- | Computer - mostly for e-mail.
- | Computer - this is used just by those who have in their family children and grandchildren that know how to use computer. Other devices used are traditional phone and mobile phone - the last one less.
- | E-mails, Facebook
- | Especially the phone. Mobile phone and traditional phone.
- | Internet (5)
- | Internet and e-mail
- | Internet, mail, Facebook
- | Internet, PowerPoint, Excel
- | iPad 2, computer mobile phone, internet
- | Mails
- | Mobile phone, computer - with assistance only
- | mobile phone, computer, internet
- | Only 2 persons have access to the computer, the employer doesn't have the skills
- | Photos, emails, salary declarations, emails, Skype
- | Sending schedules





- | Tax authorities' website
- | Phone very often and computer - but just a part of them for the second one.
- | Traditional phone in most of the cases.
- | Traditional phone and mobile phone.
- | Traditional phone and rarely computer: the applications used are especially those of watching photos or listening to music.
- | Traditional phone, mobile phone - very rarely. Computer is also used - but just by those that have children and nephews that are using such devices.

How likely it is that your clients would appreciate you providing them with additional services supported by your skills in digital technology/ICT?

If the respondents answer “possibly”, “likely” or “very likely” they were asked to briefly describe what additional services based on their digital skills would their clients appreciate.

- | Additional services about better communication services and usage of digital devices.
- | Additional services based on the use of digital devices. In this moment we don't have the opportunity to offer this service because of the lack of funds.
- | Additional services related to computer use or other new digital devices. To offer them help in using new applications related to digital devices.
- | Better and free communication services based on Internet applications as Messenger, Skype, etc.
- | Better databases so the access of information related to domiciliary care sector to be more accessible.
- | Children-related skills
- | Communication services in order to help them to keep in touch with relatives because most of them are living alone.
- | Communications
- | Contacts with family, administrations and doctors
- | Creating digital life books
- | Does not answer (3)
- | Draft mails
- | Films
- | Help them to use digital devices.
- | I don't know; in our country the services based on digital technologies are not very developed.
- | I don't know.





- | I don't really know, it depends by case to case. This will be relevant just when we will have the opportunity to offer this service.
- | I think that services related to social networks. At this age elderly feel the need to be in touch with other people and social life is important for them. Even if my father lives with us, the need to be in touch with people his age and to share common activities is an important need.
- | If we would have the opportunity, some of them would be happy to see how they can use digital devices as smart-phone or Internet tablet and us to offer them support in this aspect.
- | I'm not sure that there exist additional services that they can appreciate.
- | I'm not sure, I don't have the opportunity to provide such services at this moment.
- | Improving digital skills would increase the quality of work and would lead to more time allocated to each beneficiary. This would be really appreciated by our clients, more time spent with them in order to realise and recreational activities.
- | In my classes I try to see which their interests are and I work with them to acquire those skills they need in order to be able to do the things they wish to do online. They appreciate a lot the fact that we have patience and that they learn about things of interest for them.
- | Information services and social networks.
- | Information services related to Internet navigation skills.
- | Interactive communications, automatic messages, reminders
- | Internet information, communications
- | Internet payments
- | It's hard to say in this moment, which are the digital skills that they would appreciate because I don't have advanced ICT skills. Additional services would require having permanently a device that can be used for the care recipients.
- | It's hard to say which are additional services that they will appreciate. In this moment most of them don't use the digital devices because they can't afford to buy and also to pay a monthly subscription on Internet. We don't have portable devices to carry out with us and to offer the possibility to learn.
- | Most of them I think that would appreciate the information services. They are always curious to know more about their disease, natural treatments and more about the medication they follow.
- | Not sure, maybe more help in using social networks and Internet.
- | Pay-checks
- | Photo editing
- | Searching online information, e-mails with clients' families, photo edition programmes
- | Security button (to call for care worker)
- | Services related to provide new information of interest for seniors - information that





can be obtained using the computer and internet.

- | Spreadsheets, photo edition programmes
- | The abilities related to the use of online applications in order to make appointments online, shopping online.
- | The fact that we have the opportunity to make doctor appointments online, to look for the information they need regarding new lows that appear, and why not to work with them on the PC to read about things they love.
- | The possibility to work with them more on the computer - most of them are interested in the latest applications but they are not able to work alone especially at the beginning.
- | They would appreciate if we would have always a digital device to find immediately the answer to appointed questions that they have.
- | They would appreciate services based on our internet skills because they are very eager to know as much information as possible about all kind of things. Because most of them are living alone also they feel the need for communication.
- | Those related to Internet navigation - the possibility to offer them information about different topics of interest for them: treatment places, prospects of medicines, etc.
- | Those skills that are related to Internet communication. This will motivate them to learn how to use application such as Messenger, Skype.
- | Use digital support as an educative tool for children and parents; being able to provide clear and efficient spreadsheets and reports would be an asset
- | Various Internet research
- | We don't provide ICT services for our clients, so any services that we will provide for them will be welcomed.

FINDINGS RELEVANT FOR THE IMPLEMENTATION OF CARER+

While the majority of the quantitative data will be analysed in details during the course of WP2 and WP3 for designing and setting up the tailored milestones, it is appropriate to characterize the Stakeholder Group 3 (care workers and caregivers) as interested in developing their ICT skills further in order to offer a better work and to move forward in their careers. It seems also fair to state that there is a small gap of skills with regards to ICT tools usage and experience between the elderly clients and their carers. This gap however is not too big, allowing us to set up a piloting environment easy to use for both carers as their clients. This survey As potential danger towards the successful implementation of CARER+, the major obstacles are the lack of experience in ICT-related further education and lack of time and availability for a regular mid-term involvement that exceeds their regular working practice.

In general it is fair to say that the most important areas of interventions for CARER+ in the field are:

- | Awareness-raising for care workers and caregivers related to the piloting activities;





- | Awareness-raising for institutions to support individual care workers and caregivers in participating in the programme of CARER+;
- | Local support of on-the-field activities including constant coaching and mentoring of participants;
- | Focus on uniqueness of CARER+: bringing together care-workers, trainers and policy-makers;
- | Increase awareness of VET and cVET organisations related to level of ICT skills in the field.





Web-Portal's Target Groups' Need-Analysis

A survey of stakeholders' needs was designed to collect data from domiciliary care sector about values, organization and pertinence of services and functionalities for the web portal. The survey was sent to primary and secondary target group stakeholder representatives and the answers were collected via a self-administered questionnaire.

DEMOGRAPHY

Stakeholders who have answered the questionnaire have been grouped into 2 categories:

- | Primary target group category,
- | Secondary target group category.

The primary target group consists mostly of care workers and care givers who are very much interested in the web portal and its everyday use. Aged between 35 and 44 years, they live in France for the most part and have a lower secondary education level.

The secondary group is composed of policy-makers, vocational training and/or adult education providers and family employers of care workers. These middle-aged people of 45 to 54 years old live in the UK and have a higher level of education, upper or post secondary education.

LANGUAGE

The primary target group lives in France, therefore its language most commonly used is French. Their language skills in English writing, reading or listening are evaluated between beginners and elementary. Based on the answers of partners involved in piloting in Latvia, Romania and Italy, due to the characteristics of the care sector in Europe, it can be stated that this target group's language skills are mainly reflecting the country's official language they live in.

The secondary target group on the other hand has an intermediate to mastery level in reading, listening and writing in English since their country location is the UK.

Consequently, in order to meet the needs of the primary target group, the web portal must have a multilingual access with the main navigation fully available project partner's languages. Content added by stakeholders will be available on the language of the contributor. Easy navigation should support the orientation among various language resources of the site.





DIGITAL COMPETENCES/DIGITAL BEHAVIOUR

It appears that the care givers and care workers represented in the primary target group use internet for a long time, usually via desktop and laptop computers. They access their emails, visit websites, use RSS alerts and search on Google, once or several times a day. However they do not feel comfortable with accessing information on the internet in a different language other than their mother-tongue. In general, they prefer reading information on screen on the website.

The internet access for this type of population is given, however the devices used are not mobile devices and their current digital practice is limited to e-mailing and surfing / searching on the internet using mostly Google.

The secondary target group has started to use internet more recently but feel very confident in its use. They access the internet a few times a week through their smartphones and use Facebook, RSS and Twitter, watch videos on Youtube, comment on blogs and read newsletters. They prefer to download and print the information and are very comfortable with accessing information in English. This group has fewer problems using mobile devices, most probably for financial reasons and/or use and configures these devices, following their own personal experience or a friend's know-how. This secondary group has more digital competences than the primary one, thus, the web portal be designed in order to be accessible to all and provide:

- | A useful ergonomics with clear and expressive pictograms,
- | Language access covering the following languages: FR-UK-IT-RO-(pilot countries' languages),
- | Simplified key entries dedicated to these 2 types of population,
- | Explanatory speech bubble on content such as links, search function or any other element requiring explanation for an inexperienced user.

ONLINE SOCIAL NETWORKING CULTURE

The primary target group's experience in online social networking is practically non-existent. The secondary target group has an average experience in social networking, consulting websites for sharing content or reading blogs and comments online.





SUMMARY OF WEB PORTAL TARGET GROUP INTERESTS AND RELATED FUNCTIONALITIES

Primary group : care Workers and Caregivers

Interests

Identify best practices: Cases Studies / Best practices / Research articles
 New service perspective: Help creating a CV, Access job opportunities, Course lists and other learning opportunities, Directory of training providers in my country/in other countries of the EU,
 Improvement of ICT skills: Assessment of my level of digital competence, , Online training resources
 Professionalization : Pathways to professional certification
 Accreditation: Accreditation of my current competences
 Share experience and knowledge with peers: Online community of practice for care workers, Users committee
 Job-related information in their own languages;
 Information on the legal framework for care workers;
 Digital competence framework for care workers:
 Acces to the wiki
 Information on why it is important to improve their own ICT skills;
 Information on how to improve their own ICT skills;
 A place where they can share experience and knowledge with peers, A chance to connect with other care workers.

Design and fonctionnalités

Useful ergonomics
 Explanatory speech bubble
 Multilingual access
 Contact Support per country
 Contact peer leader per country
 Social networking
 Newsletter
 Adversiting
 Free resources

Secondary group: Local/ regional/ national/ international policy-makers - Social Care GOs and NGOs, Certification/Accreditation Authorities, VET and cVET trainers, facilitators.

Interests

Identify best practices: Case studies, Research articles
 Identification of care worker's skills and competences: Information about the profession of care workers
 New service perspective: Case studies, Research articles, Access to to-be-trained groups, Online community of practice for care workers, Digital competence framework for care workers, Sharing best practices in research methods and studies, Publishing own research, Training methodology and Training resources: Online training resources, Course lists and other learning opportunities,
 Identification of skills and competences: Digital competence framework for care workers
 Accreditation of care workers: Pathways to professional certification
 Maintenance /development of social care systems in place: National legislation about the profession of care workers, National policies that impact the role of domiciliary care workers
 Effective measures for professionalization/ professional development: Digital competence framework for care workers,
 Project publications on project results

Design and fonctionnalités

Contact Support per country
 Contact peer leader per country
 Social networking for interdisciplinary exchange of knowledge
 VET Database
 Learning resources database
 Case Studies Database
 Newsletter / emailing (involvement, invitation...)
 Adversiting
 Free resources





|| Findings

The list of stakeholder categories has been used to collect data of stakeholders in the various countries. The identified people/organisations were listed under the term “Stakeholder” in the Stakeholder Analysis Matrix by the project partners. These stakeholders constitute the primary and secondary target groups with respect to their interests. These interests vary according to stakeholder group and according to work packages, but they are all linked to further developing digital competences of care workers and the impact of such developments on the field of social care.

By reviewing each stakeholder listed, all stakeholders have been characterized according to how important the stakeholder’s interests are to the success of CARER+. In each case, the **factors** of the role the key stakeholder play a key role for the project to be successful. By categorizing the stakeholders, the likelihood that the stakeholder will play this role has been considered carefully. These factors are: the project’s benefits the stakeholder; the changes that the project might require the stakeholder to make; and the project activities that might cause damage or conflict for the stakeholder. These factors have been listed under the term ‘Stakeholder Interest(s) in the Project’.

In the column ‘Assessment of Impact, each stakeholder was evaluated against the question: how important are the stakeholder’s interests to the success of the project? Considered issues included: a) the role the key stakeholder must play for the project to be successful, and the likelihood that the stakeholder will play this role; b) the likelihood and impact of a stakeholder’s negative response to the project. Partners assigned ‘1’ for extremely important, ‘2’ for fairly important, and ‘3’ for not very important to each stakeholder.

The final step was to consider the means that the project could do to get stakeholder support and reduce opposition. Partners considered how to approach each of the stakeholders; the kind of information they will need and if there are other groups or individuals that might influence the stakeholder to support the project. Contact persons, timing and level of engagement have been considered for obtaining support and reducing obstacles in the last columns in the table.



GROUP 3: INSTITUTIONS, ORGANISATIONS AND INDIVIDUALS WHO ARE DIRECTLY INVOLVED IN ADULT CARE – CARE WORKERS & CARE GIVERS

Dissemination category	Category	Interests	Potential obstacles	Strategies to overcome obstacles
Interactive; Dialogue - Consultation	Most impacted; Less influence	<p>Identify best practices; Lobby for the development of the framework regarding the position (job) of care workers; New service perspective; Identification of skills and competences; Improvement of ICT skills; Influencing local/regional/national policy; Professionalization; Accreditation; Share experience and knowledge with peers; Observe good practices; Experience building strategy for sustainable social care in future; Using project results for development of own organisation; Further education; Organisational development; Networking.</p>	<p>Language barriers; Lack of interest; Lack of ICT skills; Change resistance; Lack of time to dedicate to learning; Lack of information on opportunities; Lack of local/regional/national support on the decision-maker level; Not appropriate information on project results; Lack of peer network; Lack of peer support.</p>	<p>Information via local language newsletter; Presentation of the projects achievements; Institutional communication; Possibility to obtain feedback information via emailing with customised timing; Invitation focus group; Involvement in piloting; Involvement in project product feedback activities; Establishing pool of peers; Available free resources on the project website; Supporting regular contact via local project partner; Invitation to project events (online and offline); Policy support. Special attention on care-workers with low ICT skills – face-to-face events, printed information</p>

GROUP2 – LOCAL/ REGIONAL/ NATIONAL/ INTERNATIONAL POLICY-MAKERS -- SOCIAL CARE GOs AND NGOS

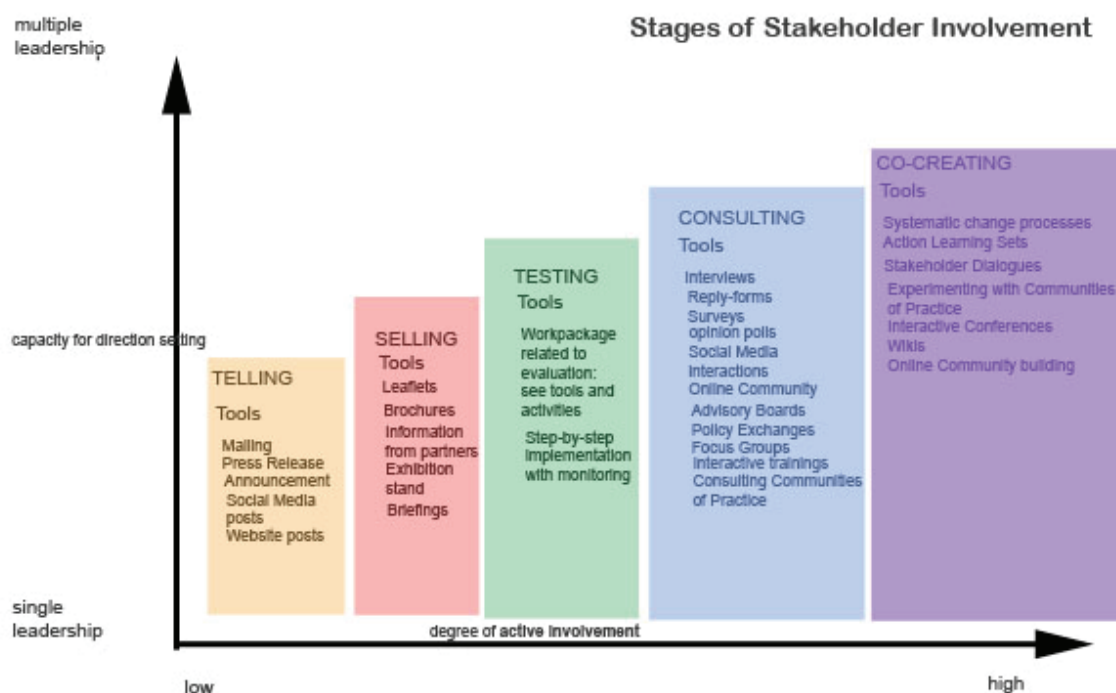
Dissemination category	Category	Interests	Potential obstacles	Strategies to overcome obstacles
Interactive	Most influence	Identify best practices; Identify of skills and competences; New service perspective;	Language barriers; Lack of interest; Lack of information on opportunities;	Information via local language newsletter;
Consultation	Moderate impacted upon	Identification of skills and competences; Accreditation of care workers; Maintenance /development of social care systems in place;	Not appropriate information on project results; Resistance against new structures; Change resistance; Lack of financial means;	Face-to-face presentation of the projects achievements; Institutional communication; Possibility to obtain feedback; Information via emailing with customised timing and topic;
Information giving		Organisational development; Keeping costs efficient; Networking.	Lack of system in place to integrate project results; Lack of policy support.	Involvement in project product feedback activities; Available free resources on the project website; Supporting regular contact via local project partner; Invitation to project events (online and offline); Organising policy visits; Putting online peer network in place; Providing research-based data to support policy-making/accreditation processes.

GROUP 1 - CERTIFICATION/ACCREDITATION AUTHORITIES, VET AND cVET PROVIDERS, TRAINERS, FACILITATORS

Dissemination category	Category	Interests	Potential obstacles	Strategies to overcome obstacles
Dialogue	High influence	Identify best practices; Publishing own research; Identification of care worker's skills and competences; Training methodology; Training resources; Keeping costs efficient; Effective measures for professionalization/professional development;	Language barriers; Lack of interest; Lack of funding; Not appropriate information on project results; Resistance against new methodology;	Information via local language newsletter; Face-to-face presentation of the projects achievements; Institutional communication; Possibility to obtain feedback; Information via emailing with customised timing and topic; Available free resources on the project website;
Consultation	High impact	Accreditation of care workers; Access to data on the field; Access to to-be-trained groups;	Lack of study/ plan in place to integrate project results; Lack of policy support.	Supporting regular contact via local project partner; Invitation to project events (online and offline); Putting online peer network in place;
Information giving		Sharing best practices in research methods and studies; Interdisciplinary exchange of knowledge; Networking-		Providing data via project outcomes; Match-making policy visits with researcher network; Local contact to care-workers; Match-making results with cVET trainings.

Stages of Involvement

To demonstrate how CARER+ intends to align the dissemination and communication actions with the project's work plan, the following graphics show stakeholder involvement actions according to dissemination action impact:



All stakeholder groups are listed in the Dissemination Graph, the tool created to support monitoring and planning of activities for Deliverable 7.2: The Dissemination Plan. This Dissemination Graph defines the degree of active involvement of stakeholders based on the present Analysis as well as the relationship CARER+ partner wish to have with them. The stages of involvements are described below in order to establish the timing and best channels of communication.

TARGET GROUP 3: INSTITUTIONS, ORGANISATIONS AND INDIVIDUALS WHO ARE DIRECTLY INVOLVED IN ADULT CARE – CARE WORKERS & CAREGIVERS

Relationship identified:

High level of involvement in project activities in piloting phase: focus groups, direct testing activities, direct feedback on project results. Special attention to be paid on care workers and caregivers with no English skills and low level of ICT skills. Piloting and training activities to be designed taking into account the low user experience with smart devices.



Timing of communication:

Start – end

Involvement and communication:

Personal contact, face-to-face events (piloting, stakeholder workshops, etc), printed postcards, direct mailing, telephone, meetings, mailing list, during piloting: social online media

Information needs:

- | Job-related information in their own languages;
- | Information on the legal framework for care workers;
- | Framework of skills and competences related to ICT use in social care;
- | Easy-to-follow guidelines and instructions for use of project tools;
- | Information on why it is important to improve their own ICT skills;
- | Information on how to improve their own ICT skills;
- | Information on Accreditation;
- | A place where they can share experience and knowledge with peers;
- | Information on further education opportunities;
- | A chance to connect with other care workers.

This group was analysed through a self-administered questionnaire run by 3S covering information on their work-related background information, and their needs and interests related to digital competences. Detailed results of this survey are outlined in 'Quantitative analysis of digital/ICT skills of Stakeholder Group 3: Care workers & Caregivers' (pp 17).

TARGET GROUP 2 – LOCAL/ REGIONAL/ NATIONAL/ INTERNATIONAL POLICY-MAKERS - SOCIAL CARE GOs AND NGOs

Relationship identified:

High level of involvement in project activities from first Newsletter on: policy-visits, face-to-face meetings, online feedback on project results, providing information via Newsletters,

Timing of communication:

From first Newsletter on – end

Involvement and communication:

Website, Social online media, Newsletters, direct mailing, policy visits, mailing list, social online media

Information needs:

- | Best practices of social care + ICT skills;
- | Framework of skills and competences related to ICT use in social care;

- | Improvement of existing service perspective;
- | Effective tools knowledge base for professionalization/ professional development in social care;
- | Information on certification systems for care workers ;
- | Ways of connecting with peers in the field;

TARGET GROUP 1 - CERTIFICATION/ACCREDITATION AUTHORITIES, VET AND cVET TRAINERS, FACILITATORS

Relationship identified:

High level of involvement in project activities from first Newsletter on: Stakeholder pool, Training for trainers, Pilots, Training for care-workers, conferences, publications, online feedback on project results, providing information via Newsletters.

Timing of communication:

Invitation to stakeholder pool - From first Newsletter on – end

Involvement and communication:

Website, Social online media, Trainings, workshops, Face-to-face and online conferences, Newsletters, direct mailing, mailing list

Information needs:

- | Knowledge base of best practices in ICT for care workers;
- | Project publications on project results;
- | Feedback on project outputs;
- | Framework on care worker's skills and competences;
- | Information on trainings, events;
- | Access to care-worker and caregiver groups, contact to peers;
- | Forum for interdisciplinary exchange of knowledge.

Detailed information of the trainers and trainers of trainers related to the piloting phase will be gathered in WP 5 during the phase of curriculum development for the train-the-trainer activities.

The results of the present analysis are used in CARER+ not only to ensure usability, and valorisation impact of the project, but also to create a dissemination strategy and activity plan tailored to stakeholders groups and individual stakeholders. For the concrete dissemination action plan, please, see the Dissemination Plan of the CARER+ project.



Interests of Target Groups for the CARER+ Web Portal

Considering this needs analysis, the services conceptualized for the web portal should take into account the stakeholders' analysis for dissemination.

PRIMARY TARGET GROUP INTEREST

The primary target group of the web portal is linked to **Target Group 3 of the stakeholders: Institutions, organizations and individuals who are directly involved in adult care – Care workers & Care givers**. This category is the most impacted by dissemination actions such as access to information and services proposed by the CARER+ web portal.

In this group, the web portal's needs analysis confirms certain points of impact, influence, interests, potential obstacles of involving them in the project, and strategies of overcoming these obstacles.

Regarding the stakeholder's interest, a correlation between the needs' analysis and the stakeholder analysis is identified. This target group is interested in:

- | Best practices: Case studies of practices regarding the new role of carers using ICTs,
- | Gaining access to new service perspective: Help creating a CV, Access job opportunities, Course lists and other learning opportunities, Directory of training providers per country,
- | Identification of skills and competences: Digital competence framework for care workers,
- | Improvement of ICT skills: Assessment of digital competence level, Online training resources,
- | Professionalization : Pathways to professional certification,
- | Accreditation of current competences,
- | Sharing experience and knowledge with peers: Online community of practice for care workers,
- | Networking: Social networking communities (and thus learning by doing possibility: learning new digital competences).

OVERCOMING OBSTACLES

Identified by the stakeholder analysis, it seems important to take into account and propose a design strategy or features to overcome potential obstacles. In order to provide a seamless user experience tailored to the stakeholder's needs, during the design of the web-portal, designers will taken into account:

- | User level: beginner
- | Language: multilingual navigation and content

- | Supporting Help features
- | Personal support by local language-speaker admins
- | Peer support user functionalities
- | Regular newsletter update on site
- | Freely available content
- | Learning-by-doing method offered by social online community service

SECONDARY TARGET GROUP INTERESTS

The group we have identified as secondary target group of the web portal is linked to group 1 & 2 in the Stakeholder Analysis: Local/ regional/ national/ international policy-makers - Social Care GOs and NGOs, Certification/Accreditation Authorities, VET and cVET trainers, facilitators.

In this group, the analysis confirms certain points of impact, influence, interests, potential obstacles of involving them in the project, and strategies of overcoming these obstacles. Regarding the interests of this group, we find correlations on the following:

- | Identify best practices:
 - | Case studies of practices regarding the new role of carers using ICTs,
 - | Research articles in the area of the development of competences of carers,
 - | Research articles about how the role of care workers can impact the quality of life of older people
- | Identification of care worker's skills and competences: Information about the profession of care workers
- | New service perspective:
 - Course lists and other learning opportunities,
 - Directory of training providers in my country/in other countries of the EU,
 - Case studies or exemplars of practices regarding the new role of carers using ICT,
- | Research articles in the area of the development of competences of carers,
- | Research articles about how the role of care workers can impact the quality of life of older people
- | Identification of skills and competences: Digital competence framework for care workers
- | Accreditation of care workers:
 - Digital competence framework for care workers,
 - Pathways to professional certification
- | Maintenance /development of social care systems in place:

- National legislation about the profession of care workers,
- National policies that impact the role of domiciliary care workers
- | Networking, Interdisciplinary exchange of knowledge: Social networking communities
- | Sharing best practices in research methods and studies,
- | Publishing own research: Research articles in the area of the development of competences of carers and about how the role of care workers can impact the quality of life of older people
- | Training methodology and Training resources:
 - Online training resources,
 - Course lists and other learning opportunities,
 - Digital competence framework for care workers
- | Effective measures for professionalization/professional development,
- | Information about technologies that can improve the quality of life of care recipients
- | Access to to-be-trained groups: Online community of practice for care workers

OVERCOMING OBSTACLES

Identified by the stakeholder analysis, it seems important to take into account and propose a design strategy or features to overcome potential obstacles. In order to provide a seamless user experience tailored to the stakeholder's needs, during the design of the web-portal, designers will taken into account:

- | User level: experienced
- | Language: English navigation and content
- | Personal support by local language-speaker admins
- | Peer support user functionalities
- | Regular newsletter update on site
- | OER and Creative Commons protected content
- | Social online community service
- | Database: for VET needs, Learning resources and Case Studies
- | Interactive Newsletter with peer editing option (e.g. Social networking feature)
- | All resources free to use



|| Conclusions

The CARER+ Stakeholder analysis revealed three target groups of stakeholders with specific interests and potential obstacles of involvement. It also provided data for various work packages and has set the stage for the dissemination strategy. It supports an integrated communication strategy involving all partners and external stakeholders.

Communicating in an integrated manner in CARER+ means in practice:


- | Develop services in line with stakeholder's needs
- | Continually aligning strategies and communication actions with the stakeholder interests
- | Regular monitoring of stakeholder group needs, opinions asking for feedback
- | Continuous collaboration among partners regarding communication activities
- | Improving external relationships using contemporary communication practices
- | Establish high quality relationships with stakeholder groups and offer regular feedback on stakeholder needs

To maximise success in bringing CARER+ to the right stakeholders in the right time with the right measures, the stakeholder analysis is designed to outline who needs or wants to be involved in CARER+, and when and how that involvement can be achieved. In this way, the Stakeholder Analysis provides the basis for developing collaborations. Once stakeholder views are understood, a decision can be made on whether to pursue collaboration. The importance of the process in planning and conducting successful collaborations cannot be overemphasized. Using an inclusive, transparent approach during project implementation will help build ownership and commitment. If it is not possible or realistic to have all key stakeholders involved from the outset, then a process for gradual involvement may be needed.

It has been decided earlier in the project's lifetime, that CARER+ will be represented by the same design elements in each project country throughout the project. A common design for dissemination products and channels acts as the 'face' of the project including one online gateway to the project results. It is however important to define separate communication strategies to the different stakeholder groups in different countries as social care systems as well as competence development systems vary from country to country. These communication strategies are based on a thorough analysis of stakeholders and target groups.

Reaching all stakeholder groups and balancing their interests

A detailed collection of individual stakeholder networks of each partner has been put in place. Throughout the stakeholder data collection period, each partner looked into their network in



place as well as the local, regional and national social care system and selected relevant organisations and institutions to be added to their very own networks in place. This exercise ensured the CARER+ specific stakeholder network base. This vast list of various contacts will serve as starting network for the following years and will be further developed as time passes and project results are being realised.

To reach the stakeholder groups a stakeholder specific message system was elaborated. This system enables the project partners to formulate dissemination texts and design according to both local and country-specific needs.


Country specific needs of stakeholders are analysed by the local partners. Specific needs analysis has taken place in the countries where the project's piloting activities are planned as well as direct contact and intensive exchange of experiences will take place with policy-makers during the policy visits planned in the project work plan. The span of activities reaching and involving stakeholders on a regular basis in a transparent way varies from face-to-face meeting with stakeholders in a regular basis giving an intensive update on project results at project milestones, to involving researchers and policy makers in online project activities by inviting their contributions.

Balancing stakeholder interests

Each partner took a detailed look into their already existing networks and potentially for the project activities interesting stakeholders' map in their own country. This analysis included a careful consideration of reaching out to these stakeholders within the project lifetime. The methods of involvement vary from intensive collaboration related to the aim of CARER+ to planned dissemination and valorisation activities planned for the next 2 years. A toolkit for involving stakeholders (including Toolkit for Communication, and Dissemination materials) will be put in place for the local partners in support of reaching out to local stakeholders.

Stakeholder interests vary from sector to sector and from country to country. Obviously a researcher of social care and a director of a home-care company have a different aspect of interest in the project results than the associations of care workers. It is not in the interest of the project to cater for the needs of each stakeholder equally, nor is it in the interest of the project to fulfil all expectations of one single stakeholder group. In the realistic framework of this project, stakeholder needs are categorized according to level of engagement in the project work plan against the level of potential impact on the care workers' professional development.

The quality of relationships with stakeholders is the key determinant of success of dissemination and valorisation of project results in CARER+. Thus key stakeholder groups will be involved in piloting activities while key policy stakeholders and academic groups will be invited to policy visits. While each partner analysed their potentials in reaching key stakeholders within their own countries, EDEN and Telecentre Europe connect with European level organisations and institutions. Stakeholder groups have been grouped according to their availability to each partner, according to countries, as well as according to the timing of involvement. Based on these categories, the dissemination action plan notes when and how will these stakeholder groups be contacted by the partners. It also notes the level of involvement in the project work plan. Thus stakeholder groups will be intensively involved in areas where piloting and policy exchanges take place, while stakeholder groups of other areas



will be involved in online activities, or will be frequently be directly informed on project results according to a tailored timing plan.

Stakeholder interest are continuously checked on and fed back to the dissemination plan throughout the project. Validation activities with direct involvement of stakeholders for the project actions plan are described in details in WG 8 (Evaluation). The dissemination actions will be checked against the results of the evaluation activities on a regular basis, so that adjustment of the plan can be carried out if the evaluation results suggest so.

A detailed matrix of contacted stakeholders in all countries involved in the project has been put in place. The table lists stakeholders according to area of activity (policy-maker, care worker, NGO, GO, VET-cVET institution, trainers) and categorizes them for the sake of dissemination and direct involvement of the project.

|| Detailed Stakeholder Matrix of CARER+

Colour code:

European Stakeholders	Austrian Stakeholders	French Stakeholders	Romanian Stakeholders	Latvian Stakeholders	UK Stakeholders	Italian Stakeholders
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STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
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Policy-makers

CEDEFOP Centre européen pour le développement de la formation professionnelle	identify best practices dissemination	1	Newsletter Formal communication	2	From first Newsletter on	Philippe Tissot
International Labour Office - ILO	identify best practices, dissemination	2	Newsletter Formal communication	2	Stakeholder Panel	Blerina Vila, Vila@ilo.org Contact: Ourania Georgoutsakou, Senior Policy Coordinator, AER Social Policy and Public Health Committee,
Assembly European Regions (AER) http://www.aer.eu	dissemination, using project results for policy building	2	Newsletter Formal communication	2	From first Newsletter on	
European Network of Social Authorities (ENSA)	dissemination, using project results for policy building	3	Formal Communication	3	From 2nd year on	Elena Curtopassi http://www.ensa-network.eu

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Policy-makers						
European Social Network local/regional members	Directors of social work and social care services working at the local level. Directors have the senior management role in local authorities for social services: they lead the strategic planning, design and delivery of social services and are accountable to elected local councillors.	2	CARER+ partners could select their local contacts among the members and involve them directly	2	when we have the project identity and/or the first press release	http://www.esn-eu.org/members-of-esn/index.htm
Ministry of Labour, Family and Social Protection of Romania	lobby for the development of the framework regarding the position (job) of care workers; dissemination at the national level; alternative care institutions	2	presentation of the projects achievements; institutional communication; customer feedback	2	M6 to M25 (Piloting+)	Mrs. Florența Mușat
Public social services for elderly - Timisoara City Hall - subordinated to the Community Department of Social Assistance Home for retired persons	new service perspective; identify and observe good practices; experience building strategy for sustainable social care in future; dissemination;	2	Meetings with the staff from the local service for elderly; Communication with local authorities involved	2	M14 to M25	Mrs. Maria Ciurcas

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Policy-makers						
Rīgas Municipality Social service	New service perspective, identify best practices,	1	customer feedback, institutional communication ,	1	Throughout the whole project duration	Ervins Alksnis
Welfare department of Riga City council	Observe good practices, experience building strategy for sustainable social care in future, to low costs for care sector alternative care institutions to provide services in Latvia, , development of the training and certification framework	3	Communication, meetings	3	M8-25	Inese Švekle
Ministry of Welfare of Republic of Latvia		2	Presentation of the projects achievements , institutional communication	2	M6 to M14 (piloting +)	Aldis Dūdiņš
National Homecare Council, UK						http://www.nationalhomecarecouncil.co.uk/index.html
Department of Health, UK						http://www.dh.gov.uk/

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
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Policy-makers

Bundesministerium für Gesundheit, Austria	identification of skills and competences	3	institutional communication		M3 to M6 (skills and competences), from M18 (certification)	
	interviews with experts		focus groups			
	dissemination		interviews with experts			
	certification process		newsletter			
Ministère des Affaires sociales et de la santé http://www.sante.gouv.fr/ http://www.social-sante.gouv.fr	policy	1	emailing, formal communication			Marisol Touraine: Ministre des affaires sociales et de la santé
			conference invitation			Michèle Delaunay: Ministre déléguée auprès de la ministre des affaires sociales et de la santé, chargée des personnes âgées et de la dépendance
Ministre déléguée auprès du ministre du redressement productif, chargée des petites et moyennes entreprises, de l'innovation et de l'économie numérique.	policy	1	emailing, formal communication			Fleur Pellerin
			conference invitation			

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Policy-makers						
Direction Générale de la Cohésion Sociale (DGCS)	identify best practices	2	emailing, formal communication			
			newsletters			
Direction Générale Compétitivité, industrie et services (DGCIS)	identify best practices	2	emailing,			
			formal communication			
Agence Nationale des Services à la Personne (ANSP)	policy identify best practices dissemination	1	formal communication			Monique BOSQUAIN, Responsable de la Professionnalisation
			conference invitation			
DREES (Direction de la recherche, des études, de l'évaluation et des statistiques des ministères sanitaires et sociaux) http://www.drees.sante.gouv.fr/	Official Statistics	2	newsletters			
			formal communication: emailing			
Caisse nationale de la solidarité pour l'autonomie - CNSA	Identify best practices.	2	Newsletters			Annick Martin
			formal communication			

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Policy-makers						
Comité départemental des retraités et personnes âgées (CODERPA) : Consultative body working under the general council chairman.	networking, dissemination, best practices	2				Coderpa de Seine-Saint-Denis adresse postale:
Haute Autorité de Santé - HAS	identify best practices	3				Antoine Vial
CESE conseil économique, social et environnemental	identify best practices	2				
	lobbying dissemination					
Caisse Nationale d'Assurance Vieillesse - CNAV	identify best practices	2	News letter, Formal communication			no contact
Agence des systèmes d'information partagés de Santé - Asip Santé	identify best practices	3	News letter, formal communication			Jean-Yves ROBIN
Ministère de la santé et de la formation continue	identify best practices	3	News letter, formal communication			no contact
AGEFOS PME Organisme collecteur et financeur pour la Formation des salariés du particulier employeur.	Policy. identify best practices	3	newsletter, formal communication			Christine AUDIBERT-LETENEUR (AGEFOS IDF), Chef de Département Emploi et mutation économique,

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Policy-makers						
IRCEM groupe national de protection sociale	dissemination	2	newsletter			Jean-Charles GROLLEMUND, directeur général / Frédéric COMTE, Responsable Etudes Innovation Recherche et Développement
	identify best practices		formal communication			
CNAM TS(Caisse nationale de l'assurance maladie des travailleurs salariés)						Bernard SENAULT, coordonnateur de la Mission Nationale de l'aide et du soin à domicile de la Direction des Risques Professionnels CNAM-TS
DGEFP: Délégation générale à l'emploi et à la formation professionnelle http://www.emploi.gouv.fr/						
DATAR Délégation interministérielle à l'Aménagement du Territoire et à l'Attractivité Régionale http://territoires.gouv.fr/la-datar	identify best practices	2	formal communication			
	dissemination		email			
Emilia Romagna Regional Government, Dept. of Health and Welfare Policy, Service for health-welfare integration and regional fund for support to dependent citizens	identify best practices	2	newsletter	2	Throughout the whole project duration	Mr Fabrizio Raffaele
	dissemination at institutional level		institutional communication			

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Policy-makers						
Emilia Romagna Regional Government, Dept. of Labour and Training Policy, Service for Vocational Education and Training	identify best practices	2	newsletter	2	Throughout the whole project duration	Ms Fabrizia Monti
	dissemination at institutional level		institutional communication			
	identify best practices	2	newsletter	2	Throughout the whole project duration	Ms Anna Del Mugnaio
	dissemination at institutional level		institutional communication			
Province of Bologna, Dept. of Health and Welfare, Service for Health and Welfare Policy	identify best practices	2	newsletter	2	Throughout the whole project duration	Ms Patrizia Paganini
	dissemination at institutional level		institutional communication			
	identify best practices		newsletter			
Municipality of Bologna, Dept. of Welfare	dissemination at institutional level	1	in-person presentation (individual or group meetings)	2	Presentation meetings at least 6 months before the start of piloting	Mr Eno Quarniolo
			Recall meetings starting from 3 months before piloting			
			Pilot results			

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
					presentation after completion of piloting	
Policy-makers						
Municipality of Bologna, Service for Community Welfare	identify best practices	1	newsletter	2	Throughout the whole project duration	Mr Chris Tomesani
	dissemination at institutional level		institutional communication		Presentation meetings at least 6 months before the start of piloting	
Municipality of Bologna, Social Welfare Counters	dissemination at institutional level	1	in-person presentation (individual or group meetings)	2	Recall meeting s starting from 3 months before piloting	Secretariat of the district counters
	identify best practices		newsletter		Pilot results presentation after completion of piloting	
			institutional communication			
			in-person presentation (individual or group meetings)			

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Policy-makers						
ASP Giovanni XXIII, Public Company for Territorial Welfare Services, (manages elderly homes and other residential institutions for dependent over 65's)	identify best practices	1	newsletter	2	Throughout the whole project duration	Mr Maurizio Maccaferri
	contribute to pilot in IT		institutional communication		Presentation meetings at least 6 months before the start of piloting	
Local Health Authority of Bologna, Territorial Geriatric Medicine Unit	identify best practices	2	in-person presentation (individual or group meetings)		Recall meetings starting from 3 months before piloting	
	contribute to pilot in IT				Pilot results presentation after completion of piloting	
	identify best practices	2	newsletter	2	Throughout the whole project duration	Secretariat of the health centres:
	contribute to pilot in IT		institutional communication		Presentation meetings at least 6 months before the start of piloting	
			in-person presentation		Recall meetings starting from	

				(individual or group meetings)		3 months before piloting	
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STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
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Policy-makers

					Pilot results presentation after completion of piloting	
Local Health Authority, Geriatrics Department	identify best practices contribute to pilot in IT	2	newsletter	2	Throughout the whole project duration	Dementia Centre
			institutional communication		Presentation meetings at least 6 months before the start of piloting	
			in-person presentation (individual or group meetings)		Recall meetings starting from 3 months before piloting	
					Pilot results presentation after completion of piloting	

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Care workers						
Caritas Europe	Professionalization, Accreditation, Dissemination of results, Using project results for development of own organisation, further education of Caritas care workers	1	Newsletter	2	From first Newsletter on	Contact: Peter Verhaeghe, Head of Advocacy Unit, http://www.caritas-europa.org
	Dissemination of results, Using project results for development of own organisation, further education of Diaconia care workers	1	Newsletter Formal communication	2	From first Newsletter on	Contact: Laura Jones, http://www.eurodiaconia.org
Eurocarers	Dissemination of results, Further development of member organisations dealing with care, Use of project results for lobbying	1	Newsletter, invitation to events, Formal communication	2	From first Newsletter on	Robert Anderson, President, http://www.eurocarers.org
	Dissemination of results, Using project results for development of own organisation, further education of EAHSA members	1	Newsletter, Formal communication, invitation to events	2	From first Newsletter on	Robert Speiser, Executive Director, http://www.eahsa.eu

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Care workers						
European Social Network (ESN)	Dissemination of results, Using project results for development of own organisation, further development of ESN members	1	Newsletter, Formal communication	1	From first Newsletter on	Stephen Barnett, Senior Policy Officer, http://www.esn-eu.org
Red Cross/EU Office	Dissemination of results, Using project results for development of own organisation, further development of Red Cross members	1	Newsletter	1	From first Newsletter on	Eberhard Lueder, Head of Intra-Community Affairs, http://www.redcross-eu.net/en/
Association of Directors of Adult Social Services (ADASS), UK						http://www.adass.org.uk/

Italy

SPI-CGIL	identify best practices dissemination at regional/national level	2	newsletter	2	Throughout the whole project duration	Mr Maurizio Fabbri
	identify best practices dissemination at regional/national level	2	newsletter	2	Throughout the whole project duration	Mr Enrico Morganti
UIL Pensionati	identify best practices dissemination at regional/national level	2	newsletter	2	Throughout the whole project duration	Ms Rossana Benazzi

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Care workers						
CNA Comitato Impresa Donna Emilia-Romagna	identify best practices	2	newsletter	2	Throughout the whole project duration	Ms Lalla Golfarelli
	dissemination at regional/national level					
AUSER Emilia Romagna	identify best practices	2	newsletter	2	Throughout the whole project duration	Mr Franco Di Giangirolamo
	dissemination at regional/national level		in-person presentation (individual or group meetings)		Pilot results presentation after completion of piloting	
ANCESCO Ass. Naz. Centri Sociali, Comitati Anziani e Orti – Coordinamento Emilia-Romagna	identify best practices	1	newsletter	2	Throughout the whole project duration	Mr Carlo Bonetti
	dissemination at local/regional/national level		in-person presentation (individual or group meetings)		Pilot results presentation after completion of piloting	
ADA Associazione per i Diritti degli Anziani, sede regionale di Bologna	identify best practices	1	newsletter	2	Throughout the whole project duration	Ms Francesca Specchia
	contribute to pilot in IT		in-person presentation (individual or group meetings)		Pilot results presentation after completion of piloting	

STAKEHOLDER ORGANISATION

INTEREST(S) IN THE PROJECT

LEVEL OF IMPACT

STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES

LEVEL OF ENGAGEMENT

CONTACT

TIMING

Care workers

France

UNA (Union Nationale de l'Aide, des Soins et des Services aux Domiciles) www.una.fr	Participation in Focus group	2					
ADESSA (fédération nationale d'associations d'aide, de soins à domicile et de services à domicile.) http://www.federation-adesa.org/	Participation in Focus group	2					
FESP (fédération des services aux particuliers) http://www.fesp.fr	Participation in Focus group	3					
FEDESAP (fédération française de services à la personne et de proximité) http://www.fedesap.org/	Participation in Focus group	3					

Romania

Caritas Federation in Timisoara	identify best practices, alternative help possibilities, dissemination at local level, contribute to the piloting process	3					
	focus groups; presentations of project achievements; customer feedback; institutional communication	3					
	Throughout the whole project duration						
	Mrs. Gabriela Borş - Coordinator of the home care projects						

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Care workers						
Maltese office Assistance in Timisoara - Home for elderly people "Sf. Ioan"	identify best practices, alternative help possibilities, dissemination at local level, contribute to the piloting process	3	focus groups; presentations of project achievements; customer feedback; institutional communication meetings; communication; presentation of the projects achievements	3	Throughout the whole project duration	Mrs. Adriana Cojocaru/Executive Director
"Harmonia" House	best practices; dissemination at local level	2	meetings; communication; presentation of the projects achievements	2	Throughout the whole project duration	Mrs. Florina Ionescu
"Tihna" House	best practices; dissemination at local level	2	meetings; communication; presentation of the projects achievements	2	Throughout the whole project duration	Mr. Antonio Daniel Tudor
Permanent Care Centre Timisoara "Tutunaru Association"	best practices; dissemination at local level	2	meetings; communication; presentation of the projects achievements	2	Throughout the whole project duration	Mrs. Tutunaru Ana Maria

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Care workers						
Charity Association "Blyshwood Banat" Jimbolia	identify best practices, alternative help possibilities, dissemination at local level, contribute to the piloting process	3	focus groups; presentations of project achievements; customer feedback; institutional communication	3	Throughout the whole project duration	Mr. Adrian Popa; Executive Director Ms. Paul Lidia; Social Worker

Latvia

Emergency medical service	Alternative service, best practices	2	individual and group presentation, Institutional communications	2	M6 to M14 (piloting +)	Dr. Armands Ploriņš
Association of family doctors	Identifying best practices, development of the training and certification framework	3	focus groups	3	M6 to M14 (piloting +)	Dr. Pauls Princis
Association of Home carers	Alternative service, best practices	2	institutional communication		Throughout the whole project duration	Ina Irša
Care service coordinators in municipalities	Follow to modern tendencies and solutions, be more competitive with other services	2	Presentation of the projects achievements , institutional communication	1	M8-25	Līga Ozolina

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
United Kingdom						
Association of Directors of Adult Social Services (ADASS)						http://www.adass.org.uk/
UNISON	Largest UK Trades Union for healthcare workers					http://www.unison.org.uk/healthcare/index.asp ; Linda Perks
Ceretas	Professional association that represents individuals and organisations who work in home care either in the statutory, independent or not for profit sector.	2			2	http://www.ceretas.org.uk/ ,

Care recipients

Confederation of Family Organisations in the European Union (COFACE)	Dissemination of results, Further development of organisations dealing with care	2	Newsletter, Formal communication	2	From first Newsletter on	Zoltan Vadkerti, Advocacy Officer, http://www.coface-eu.org
European Federation of Parents and Carers at Home	Dissemination of results, Further development of volunteer organisations dealing with care	1	Newsletter Formal communication invitation to events	1	From first Newsletter on	Marielle Helleputte, Secretary General, http://www.fefaf.be/home_fr.php

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
The pensioners club „Buna Vestire” - Timisoara City Hall	dissemination at local level;	1	presentation of the projects achievements	1	Throughout the whole project duration	Mrs. Maria Ciurcas
Day care centre for elderly "Sf. Mihail si Gavril" - Timisoara City Hall	dissemination at local level;	1	presentation of the projects achievements	1	M14 to M25	Mrs. Maria Ciurcas
Day Care Centre for elderly "Sf. Constantin si Elena" - Timisoara City Hall	dissemination at local level;	1	presentation of the projects achievements	1	Throughout the whole project duration	Mrs. Maria Ciurcas
France Alzheimer	identify best practices	2	Newsletter	1		Catherine Ollivet
	dissemination at large scale					
Grappe Soli'age	identify best practices	2	Newsletter	1		Benjamin Zimmer
Autonom Lab	identify best practices	3	Newsletter	1		Stephane Soyer
Association aidants familiaux www.aidants.fr	dissemination	2	Newsletter	1		Florence Leduc, president
	lobbying			1		
Aidant Attitude http://www.aidantattitude.fr	networking, dissemination	3		1		
Agevillage http://www.agevillage.com/	dissemination,	2	Newsletter / flux RSS	1		Annie de Vivie, responsable d'agevillage: 01 42 46 65 00 - anniedevivie@agevillage.com

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Children and Families Across Borders (CFAB)	dissemination,	2	Newsletter	1		http://www.issuk.org.uk
Social Services						
End Loneliness Campaign	Technologies, ICTS and digital competences that align with campaign aim of ending loneliness	As focus group members.	Engage now.			The Campaign to End Loneliness is a coalition of organisations and individuals working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age in the UK.
Dignity in Care Network						
National Skills Academy for Social Care						
Skills for Care						
Social Perspectives Network						
The Think Local Act Personal consortium						
Social Care and Social Work Improvement Scotland						
Institute for Research and Innovation in Social Services						

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Social Services Improvement Agency (SSIA)						
Involve - Promoting public involvement in NHS, public health and social care research.						
RDfunding - information on health-related research funding.						
Research in Practice						
Research Register for Social Care						
Conseil Général of each department	identify best practices	3	News letter			Dr Guy Mboko for department irthe
			formal communication in French			no contact for others
CLIC (Local centers of information and coordination gerontological) Conseil régional on each department http://clic-info.personnes-agees.gouv.fr	networking, dissemination	2	newsletter			
	Relay training centre (pilots?)					
	identify best practices					
Chargés de mission TIC régionaux	networking dissemination	1	emailing newsletter			p://territoires.gouv.fr/les-charges-mission-tic-en-region-0

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
MDSI (Departmental House of Solidarity and Integration) Conseil régional on each department http://clic-info.personnes-agees.gouv.fr	dissemination, information	2	newsletter			
MDPH (Departmental Home for Disabled People) Conseil régional on each department http://www.mdph.fr/	identify best practices dissemination, information	3	newsletter			
UNCCAS (Union nationale des centres communaux d'action sociale) http://www.unccas.org/	identify best practices networking, dissemination	2	newsletter			stitut national de prévention et éducation pour la santé , bd de la Libération - 93203 Saint Denis Cedex
ESPT: Association « Élus, Santé Publique & Territoires » http://www.espt.asso.fr/	identify best practices dissemination facilitation of networking	2	publication newsletter publication formal communication			93203 ANT-DENIS-CEDEX

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
DDTEFP: direction départementale du travail, de l'emploi et de la formation professionnelle	identify best practices dissemination		emailing newsletter	2		ps://docs.google.com/document/d/oiltE5dFDa8DsIhRGUjWcTgsZSx;GQCl_5nORpBZg/edit
Telecentre Trainers						
ERASME						
Research Community						
Faculty of Social work - West University of Timisoara	new service perspective; identify and observe good practices; experience building strategy for sustainable social care in future; dissemination;	2	focus groups; presentations of project achievements;	2	Throughout the whole project duration	Mr. Theofield Lazar - Assistant Professor Doctor
e-Health Initiative	identification of skills and competences interviews with experts dissemination certification process	1	institutional communication focus groups interviews with experts newsletter		M3 to M6 (skills and competences), from M18 (certification)	Univ.-Prof. DI. Dr. Karl P. PFEIFFER

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Österreichische Computer Gesellschaft	identification of skills and competences	2	institutional communication		M3 to M6 (skills and competences), from M18 (certification)	Mag. Christine HAAS
	interviews with experts		focus groups			
	dissemination		interviews with experts			
Österreichische Gesellschaft für Biomedizinische Technik, Arbeitsgruppe Medizinische Informatik	certification process		newsletter			
	identification of skills and competences	1	institutional communication		M3 to M6 (skills and competences), from M18 (certification)	Dr. Ingrid STELZER
	interviews with experts		focus groups			
Institut für Medizinische Informatik, Universität für Gesundheitswissenschaften, Medizinische Informatik und Technik, Hall in Tirol	dissemination		interviews with experts			
	certification process		newsletter			
	identification of skills and competences	2	institutional communication		M3 to M6 (skills and competences), from M18 (certification)	Univ.-Prof. Elske AMMENWERTH
	interviews with experts		focus groups			
	dissemination		interviews with experts			
	certification process		newsletter			

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Institut für Medizinische Informatik, Statistik und Dokumentation, Medizinische Universität Graz	identification of skills and competences	2	institutional communication		M3 to M6 (skills and competences), from M18 (certification)	Univ.-Prof. Dipl.-Ing. Dr. Andrea BERGHOLD
	interviews with experts		focus groups			
	dissemination		interviews with experts			
CeMSIIS - Zentrum für Medizinische Statistik, Informatik und Intelligente Systeme, Universität Wien	certification process		newsletter			
	identification of skills and competences	1	institutional communication		M3 to M6 (skills and competences), from M18 (certification)	Univ.-Prof. Dipl.-Ing. DDr. Wolfgang DORDA; Univ.-Prof. Dipl.-Ing. Dr. Georg DUFTSCHMID
	interviews with experts		focus groups			
Fachhochschule Vorarlberg	dissemination		interviews with experts			
	certification process		newsletter			
	Forschungsbereich Sozial- und Wirtschaftswissenschaften	3				Prof. (FH) PD Dr. Frederic FREDERSDORF
MCI Management Center Innsbruck	Die Unternehmerische Hochschule	3			socialwork@mci.edu	
Fachhochschule Salzburg	Soziale Arbeit, Sozialpolitik & -management					
	Zentrum für Zukunftsstudien	2				Mag. ^a Ulrike GARSTENAUER

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Fachhochschule Kärnten	PRIMER-ICT Project (improvement of elderly ICT skills), GEROM Project (online gerontological master)	1				FH-Prof.in Dr.in Melanie DEUTMEYER, FH-Prof.in Mag.a Dr.in Eva BRUNNER
Fachhochschule Oberösterreich Linz	PIN Project (telemonitoring and teleassistance for elderly people)	2				Prof. Dr. Markus LEHNER
Fachhochschule Joanneum Graz	programmes in eHealth, projects in eHealth and AAL	1				DI Dr. Robert MISCHAK, MPH
Fachhochschule St. Pölten, Ilse Arit Institut	research in social work digital competence development	1				Mag. Dr. Monika VYSLOUZIL, FH-Prof. Dipl.-Ing. Hannes RAFFASEDER
IMC Fachhochschule Krems	programmes in advanced nursing practices	2				Dipl.Pflegewirt Joachim SCHULZE
Fachhochschule Campus Wien	Project "Fachliche Standards in der Sozialarbeit: gestern-heute-morgen", Project "Wissens- und Kompetenzprofile von SozialarbeiterInnen"	1				Mag.a Hemma MAYRHOFER, DSAin Mag.a Elisabeth HAMMER
Centre national de référence Santé Autonomie - CNRSDA	identify best practices	2	News letter			Bruno Charat
			formal communication			
Hopital Broca	identify best practices	3	News letter			Pr Anne Sophie Rigaud

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Professor Alain Franco	evaluation on support for Alzheimer patients identify best practices communication at European Commission	1	formal communication Communication			Pr Alain Franco
Professor François Piette	identify best practices impact on courses for gerontechnology	2	News letter formal communication			Pr François Piette
Gérontopole de Nantes	identify best practices	3	News letter formal communication			Marie Christine Merjagnan
Blanche LE BIHAN-YOUINOU, Professeure adjointe à l'Ecole des hautes Etudes en Santé Publique (EHESP) à Rennes, spécialisée sur la question du care, l'accompagnement et la prise en charge des personnes âgées, notamment atteintes de la maladie d'Alzheimer	identify best practices	1	invitation focus group			
INPES	Sponsoring?	3	participation emailing conference invitation			42, bd de la Libération - 93203 Saint Denis Cedex
Institut national de prévention et d'éducation pour la santé http://www.inpes.sante.fr						

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Silver Institute: "Centre for Research on the Economics of Aging" http://www.silverlife-institute.com/	networking, dissemination		Newsletter			Gilles DUTHIL
	identify best practices					
	identify best practices	2	email			
	networking		formal communication			
OTEN: observatoire des territoires numériques http://oten.fr/	dissemination		flux RSS			
			newsletter			
			conference invitation			
LA FONDERIE, agence numérique d'Île-de-France.	identify best practices at regional level	2	email			LOÏC HAYE loic.hay@lafonderie-idf.fr
	dissemination		newsletter			
	identify best practices	1	email			
FING Fondation Internet Nouvelle Génération	dissemination		formal communication			
	participation		RSS flux			
	social innovation		newsletter			
			focus group			
la 27e Région Laboratoire de transformation publique des Régions de France. http://www.la27eregion.fr/	identify best practices	1	email formal communication			Stéphane VINCENT directeur
	dissemination		RSS flux			
	networking		newsletter focus group			

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
	participation					
	social innovation					
Medical University of Pauls Stradins	Identifying best practices, certification process	3	presentation of the projects achievements	2	Throughout the whole project duration	Univ.Prof. Dr.Phil Lolita Vilka
Social Care Institute for Excellence (SCIE)						ie.org.uk
Social Services Research Group						
Involve - Promoting public involvement						
RDFunding - information on health-related Research in Practice						
Research Register for Social Care						
EPSRC funded Health and Care Infrastructure Research and Innovation Centre (HaCIRIC), Imperial College London						erial.ac
York Health Economics Consortium						ic.uk
Health Services Research Section, School of Health and Related Research, University of Sheffield						

Imperial College Business School							
Health Services Research Group, City University London							

STAKEHOLDER ORGANISATION **INTEREST(S) IN THE PROJECT** **LEVEL OF IMPACT** **STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES** **LEVEL OF ENGAGEMENT** **TIMING** **CONTACT**

VET/cVET providers

CIOFS-FP Emilia-Romagna	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Ms Veronica Bettarelli
UNCI FORMAZIONE Bologna	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Ms Renata Morresi
SENECA Bologna	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Mr Luciano Borelli
IRECOOP Emilia-Romagna	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Ms AnnaMaria Sartori
ISCOM Bologna	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Mr Luca Baroni
CESVIP Emilia Romagna	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Ms Anna Fogacci

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
IRIDE Modena	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Mr Massimo Braida
FORMA FUTURO Parma	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Mr Roberto Cavalieri
CFP BASSA REGGIANA Guastalla	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Mr Mario Angelo Mazzei
MODENA FORMAZIONE	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	
CPF Ferrara	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	
Fondazione S. Giuseppe - C.E.S.T.A. Ferrara	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Mr Giovanni Lolli
ENGIM Emilia Romagna	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	
CENTRO STUDIO E LAVORO LA CREMERIA Caviago	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Ms Lucrezia Chierici
Fondazione ENAIP Emilia Romagna	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Mr Alessandro Sacchi
FUTURA, San Giovanni in Persiceto	dissemination at regional level	2	newsletter	2	Throughout the whole project duration	Ms Marina Sarti

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Arbeitsgemeinschaft für Datenverarbeitung	identification of skills and competences	2	institutional communication		M3 to M6 (skills and competences), from M18 (certification)	Mag. Joachim SEIDLER
	interviews with experts		focus groups			
	dissemination		interviews with experts			
Wiener Rotes Kreuz Forschungsinstitut	certification process		newsletter			
	identification of skills and competences	1	institutional communication		M3 to M6 (skills and competences), from M18 (certification)	Mag. Barbara KUSS
	interviews with experts		focus groups			
Österreichische Wissenschaftliche Gesellschaft für Telemedizin und eHealth	dissemination		interviews with experts			
	certification process		newsletter			
	identification of skills and competences	2	institutional communication		M3 to M6 (skills and competences), from M18 (certification)	office@telemedicine.at
	interviews with experts		focus groups			
	dissemination		interviews with experts			
	certification process		newsletter			

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Centre Inffo Lieu de ressources, d'analyse et d'information sur la formation professionnelle et l'apprentissage, Association sous tutelle du ministère du Travail, de l'Emploi et de la Santé. http://www.centre-inffo.fr	dissemination on VET community	1	formal communication			
http://www.europe-et-formation.eu	networking in FR and EU		newsletters			
Thot cursus: entreprise privée dédié à la promotion de la formation et de l'utilisation des outils numériques pour l'éducation et la culture http://cursus.edu/	dissemination	1	email			Christine Vaufrey, rédactrice en chef redaction@cursus.edu
AFPA:	networking in digital competences community		newsletter			
L'AFPA est l'Association pour la Formation Professionnelle des Adultes http://www.afpa.fr/	identify best practices		RSS flux			
CARIF: Centres d'Animation et de Ressources de l'Information sur la Formation http://www.intercariforef.org/formations/recherche-formations.html	dissemination					
	networking					

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
French Providers VET / Titre ADVF (assistant de vie aux familles)	identify best practices	1	newsletter			https://docs.google.com/document/d/1wgFTN-nSls0P9jcuITUr6N8cbm_IL6midX3trmpHN3nQ/edit
Skills for Care & Development						http://www.skillsforcareanddevelopment.org.uk
Digital Unite	A number of projects with care workers and in sheltered housing (particularly Get Connected project)	2	Complimentary to existing projects, potential to use their materials	2	Launch of web platform/ PR	emma.solomon judith.graham
Computers for carers	A care worker specific project donating computers to Care workers	3	Involvement in wider European project	2	Launch of web platform/ PR	
BT Get IT campaign	Digital inclusion campaign	3	support wider EU project	3	Launch of web platform/ PR	Jules Heyward
Accreditation Authorities						
Titre ADVF : Le Préfet de région DIRECCTE	identify best practices	1				Titre professionnel Assistant(e) de vie aux familles (ADVF)
						www.titres.afpa.fr
						Le certificateur Le Préfet de région DIRECCTE, Niveau V - CAP/BEP L'autorité responsable ministère chargé de l'Emploi Lien utile

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Titre ADVD : Assistant(e) de vie dépendance Le certificateur IPERIA www.iperia.eu	partner of the project	1				Niveau V - CAP/BEP
RNCP : répertoire national des certifications Certificat C2i Ministère de l'Éducation	identify best practices dissemination	3 1				IPERIA 60 avenue Quakenbrück•BP 136•61004 ALENÇON http://eduscol.education.fr/numerique/textes/reglementaires/comptes/c2i/certificat-informatique-et-internet http://www.c2i.education.fr/

Association of General Practitioners, doctors, nurses

Standing Committee of European Doctors (CPME)	dissemination at EU level	2	newsletter	2	From first Newsletter on	http://www.cpme.eu Anamaria Corca, EU Policy Assistant, anamaria.corca@cpme.eu
FIMMG - Italian Federation of General Practitioners – Bologna Province Unit	large-scale dissemination identify best practices dissemination	2	newsletter in-person presentation (individual or group meetings)	2	Pilot results presentation after completion of piloting	Dr Giandomenico Savorani

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
Association of family doctors	Identifying best practices, development of the training and certification framework	3	focus groups	3	M6 to M14 (piloting +)	Dr. Pauls Princis

Voluntary Organisations/NGOs

European Civil Society Platform on Lifelong Learning (Eucis-LII)	Dissemination of results, Further development of volunteer organisations dealing with care	3	Newsletter	2	Formal communication	Contact: Audrey Frith, Director, audrey.frith@eucis-III.eu http://www.eucis-III.eu
European Association of Paritarian Institutions of Social Protection (AEIP)	Dissemination of results, Further development of volunteer organisations dealing with care, Providing support for lobbying	3	Newsletter	3	From first Newsletter on	Magdalena Machalska, Health Affairs Advisor, magdalena.machalska@aim-mutual.org
http://www.aeip.net			Formal communication			
Learning for Well-being Consortium	Dissemination of results, Further development of volunteer organisations dealing with care	3	Newsletter	2	From first Newsletter on	Secretariat at the European Institute of Education and Social Policy: email: gordon@eiesp.org & arjomand@eiesp.org
http://www.eiesp.org/site/pages/viaw/60-learning-for-well-being-consortium.html			Formal communication			

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
European Medical Students' Association (EMSA)	Dissemination of results Professional development	3	Newsletter	3	From first Newsletter on	Sofia Ribeiro, Vice-President for External Affairs, vpe@emsa-europe.eu
Association of Seniors						
SPI-CGIL	identify best practices	2	newsletter	2	Throughout the whole project duration, dissemination at regional/national level	Mr Maurizio Fabbri
FAP-ACLI	identify best practices	2	newsletter	2	Throughout the whole project duration	Mr Enrico Morganti
UIL Pensionati	dissemination at regional/national level	2				
	identify best practices	2	newsletter	2	Throughout the whole project duration	Ms Rossana Benazzi
	dissemination at regional/national level	2				
CNA Comitato Impresa Donna Emilia-Romagna	identify best practices	2	newsletter	2	Throughout the whole project duration	Ms Lalla Golfarelli
	dissemination at regional/national level	2				
AUSER Emilia Romagna	identify best practices	2	newsletter	2	Throughout the whole project duration	Mr Franco Di Giangirolamo

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
	dissemination at regional/national level	2	in-person presentation (individual or group meetings)		Pilot results presentation after completion of piloting	
ANCeSCAO Ass. Naz. Centri Sociali, Comitati Anziani e Orti – Coordinamento Emilia-Romagna	identify best practices	1	newsletter	2	Throughout the whole project duration	Mr Carlo Bonetti
	dissemination at local/ regional/national level		in-person presentation (individual or group meetings)		Pilot results presentation after completion of piloting	
ADA Associazione per i Diritti degli Anziani, sede regionale di Bologna	identify best practices	1	newsletter	2	Throughout the whole project duration	Ms Francesca Specchia
	contribute to pilot in IT		in-person presentation (individual or group meetings)		Pilot results presentation after completion of piloting	

eHealth, SMES and Enterprises

	European business network for corporate social responsibility with around 71 multinational corporations and 33 national partner organisations as members	2	Newsletter	2	From first Newsletter on, Formal communication	Contact: Sarah Dekkiche, Coordinator, EU & Membership Services, cn@csreurope.org , http://www.csreurope.org
CSR Europe						

STAKEHOLDER ORGANISATION	INTEREST(S) IN THE PROJECT	LEVEL OF IMPACT	STRATEGIES FOR SUPPORT OR REDUCING OBSTACLES	LEVEL OF ENGAGEMENT	TIMING	CONTACT
e-Health Initiative	identification of skills and competences	1	institutional communication		M3 to M6 (skills and competences), from M18 (certification)	Univ.-Prof. DI. Dr. Karl P. PFEIFFER
	interviews with experts		focus groups			
	dissemination		interviews with experts			
	certification process		newsletter			
CUP2000 Spa, Bologna	identify best practices	2	newsletter	2	Throughout the whole project duration	Dr Maurizio Moruzzi
	dissemination					
TESAN Spa, Vicenza, (telehealth and telemedicine)	identify best practices	2	newsletter	2	Throughout the whole project duration	



|| References

¹ R. Edward Freeman: *Strategic Management: A Stakeholder Approach*, 1984, Pitman Publishing, USA

¹ James E. Post, Lee E. Preston, and Sybille Sachs: *Redefining the Corporation - Stakeholder Management and Organizational Wealth*, 2002, Stanford University Press, USA

¹ Rowley, T. and M.C. Moldoveanu: *When Will Stakeholders Act? An Interest and Identity-Based Model of Stakeholder Mobilization* in: *Academy of Management Review*, Vol. 28, pp. 204-219, 2003

¹ Graphic adjusted to CARER+; original Grid by Bronwen Golder and Meg Gawler, ARTEMIS Services

European Training Thesaurus: A multilingual synopsis, June 2012, CEDEFOP, http://www.cedefop.europa.eu/EN/Files/4114_en.pdf

Communication guidelines for ICT for Ageing Well projects funded under the ICT Policy Support Programme

Sustainability of European Cooperation Projects in VET; Checklist for Project Coordinators; http://www.oead.at/fileadmin/III/dateien/lebenslanges_lernen_pdf_word_xls/leonardo/innovationstransfer/2010/sustainability_check_list_for_project_coordinators.pdf

Handbook for Dissemination, Exploitation and Sustainability of Educational Projects; <http://www.aidlearn.com/eng/uploads/DiVa%20Handbook%20%20FINAL.pdf>



- IPERIA, FR
- FEPEM, FR
- TELECENTRE, BE
- 3S, AT
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