An overview of the ERMAT Erasmus+ project and its foreseen impact for elderly with reduced mobility

Oana CRAMARIUC

IT Center for Science and Technology & ADIV Association

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General Information

- Programme: Erasmus+
- Key Action: KA2 - Cooperation for innovation and the exchange of good practices
- Action Type: KA204 - Strategic Partnerships for adult education
- Call Year: 2019
- Start of Project: 01/11/2019
- End of Project: 31/10/2021
- Project Duration (months): 24

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Consortium

Name	Acronym	Role	Country
SC Centrul IT pentru Stiinta si Tehnologie SRL	CITST	Coordinator & Technical	Romania
Gestio Sociosanitaria AL Mediterrani SL	GESMED	End-user	Spain
Westfalische Hochschule Gelsenkirchen, Bocholt, Recklinghausen	IAT	Technical	Germany
Aristotelio Panepistimio Thessalonikis, Laboratory of Medical Physics	AUTH	Technical	Greece
Hrvatska udruga radnih terapeuta	HURT	End-user	Croatia
ASOCIATIA A.D.I.V.	ADIV	End-user	Romania
Zavod IZRIIS	IZRIIS	End-user	Slovenia

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Target end-users

- End-users: EP with Reduced Mobility (EPRM); Informal Caregivers; Professionals working in care services for EP

- EPRM:
  - Persons from 60 years onwards
  - Persons with HIGH, MEDIUM and LOW level of Reduced Mobility (training methodology will be adapted to those different levels in terms of contents and proportion of the online training activities)

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Background I

- Supporting end-users in acquiring and developing basic skills and key competences through the use of an e-Learning Platform
  - ERMAT project will promote the development of digital and technological skills of Elderly Persons (ER) and Informal Caregivers with respect to the implementation of ***Assistive Technologies (AT)*** applied to ***reduced mobility***. The professionals will also improve these competences to give a better service to their users.
  - ERMAT project will improve the Quality of Life of Elderly Persons with reduced mobility by enhancing their autonomy and possibility of inclusion in the community.
  - ***Mobility*** is defined as the ability of an individual to purposively move about the environment. Mobility limitations (Reduced Mobility) are impairments in movement and affect between one third and one half of adults age 65+, affecting an individual's health and well-being and increasing the risk of disability.

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Background II

- AT supporting the mobility of ER cover a broad range of devices:
  - walking sticks, wheelchairs, etc
  - software (e.g. navigation systems).

- ATs services include:
  - the evaluation of need
  - the process of acquiring the device
  - fitting or customizing the device
  - coordinating the intervention plan
  - providing training and technical support to the user and related support personnel

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Expected impact

Increased competences (attitudes, knowledge, skills) of Elderly Persons with Reduced mobility (EPRM), Informal Caregivers and Professionals on the application of Assistive Technologies (ATs) for improving their Quality of Life.

The expected impact of the ERMAT project is:

- Increased sense of self-care and care supported by ATs
- Better informed end-users about available ATs and their application to the specific needs of EPRM
- Awareness and trust in the possibilities of using ATs for improving the QoL of EPRM, increasing their autonomy and community participation
- Digital and technological skills, which allow EPRM and their caregivers to properly exploit ATs
- Access to training through an e-learning environment

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Intellectual Outputs

- Co-Created Methodological Guide (I.O.1) developed with the direct participation of End Users. The main objective of the guid is to determining the key contents, methodologies and tools needed for creating and improving the critical competences of Elder Persons with Reduced Mobility (EPRM), Informal Caregivers and Professionals on how to apply Assistive Technologies (ATs) for improving the Quality of Life (QoL)
- Training Materials (I.O.2) addressed to EPRM, Informal Caregivers and Professionals on how to apply Assistive Technologies (ATs) for improving their Quality of Life QoL)
- Designed Practical Training Activities (I.O.3):
  - these will be the core of the Training Program;
  - will include the design of Face-to-Face and Online Sessions and will be based on Group Dynamics and, specially, Practical Activities, to be implemented with the common participation of EPRM, informal caregivers and professionals
  - will allow direct trained on how to exploit-available ATs for improving mobility and QoL both in institutions and in the home environment

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- Development of an e-Training Platform (I.O.4), for supporting the implementation of the Training Methodology, including Training Materials, Workspace and link to applicable ICT/Assistive Technologies Tools.
- Creation of 7 SUPPORT UNITS in the members of the Consortium to ensure the sustainable exploitation of the project after the project lifetime.
- Implementation of 6 Multiplier Events on the application of Assistive Technologies for improving the Quality of Life of EPRM on each country addressed to stakeholders that could multiply the impact of the project.
- Development of Dissemination Actions addressed to the European collective related to Elder Persons.

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Co-creation sessions in Greece (AUTH)

- Group A:
  - 4 Informal caregivers, including 2 female and 2 male informal caregiver.
- Group B:
  - 6 professional caregivers (2 female, 4 male).
- Group C:
  - 4 Elderly people with reduced mobility (3 females, 1 male).

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Main findings

- EPRM emphasized on the importance of the QoL and the maintenance of their autonomy levels, regarding everyday living, stressing that regardless of their mobility restrictions and other health issues they experience due to age, they try to deal with their daily routines as in the past.
- EPRM in the Greek session have low-skilled in terms of digital literacy.
- Informal caregivers, although they find assistive technologies and digital tools useful and quite helpful for their relatives, the main problem for using them is the fact that older adults lack in training and they are not familiar with new technologies and digital tools.
- Professionals, and especially the male social worker from the nursing home, insisted on the need for formal caregivers' continuous training in both ATs/tools.

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Co-creation sessions in Spain (GESMED)

- Group A:
  - 5 Informal caregivers, including 4 female and 1 male informal caregiver.

- Group B:
  - 5 Formal caregivers with professional training and certification who are working in home care for elderly dependent people with low monthly income.

- Group C:
  - 10 Elderly people with reduced mobility selected based on their age (60+) and the result of their mobility self-assessment.

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Main findings (1)

- All participants think that the main areas for which EPRM need more help are feeding, hygiene and mobility at home. However, EPRM add to this, the importance of mobility outside the home.
- Formal and informal caregivers agree that assistance in personal hygiene is the type of support that is primarily necessary for EPRM. Although EPRM think that assistance in mobility outside is equally important.
- All the participants coincide that EPRM need help every day in order to master their daily routines. They think that maybe assistive technologies could help the caregivers to help them in a faster, more efficient way in tasks like feeding or getting up from bed, so the spare time could be used to increase the number of weekly showers.

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Main findings (2)

- All participating stakeholders showed general knowledge about assistive technologies for EPRM, but above all it was clear that they are most acquainted with manual and technical / mechanical aid, such as dressing aids or lifts.
- On the one hand, formal caregivers mention different technical aids, such as the wheelchair or walker because they provide most autonomy, railings or stools to provide security, the lift bed and clamps to help hang clothes. On the other hand, all participants remark that the predominant assistive technology is the wheelchair.
- At the same way, all participants coincide that the choice of technical aids depends on the needs of each person and that the main access barriers are the technology price and lack of information.

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Co-creation sessions in Romania (ADIV&CITST)

- Group A:
  - 7 Informal caregivers, including 4 female and 3 male informal caregiver.

- Group B:
  - 3 Formal female caregivers with professional training and certification who are working in nursing homes for elderly.

- Group C:
  - 10 Elderly people with reduced mobility.

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Main findings

- EPRM mostly know about the ATs which they have used. These are generally classical ATs such as walking stick, rolator, wheelchairs, etc.
- Informal caregivers have knowledge about existence of other ATs than the ones used by the EPRMs but detailed information about availability, pricing, etc is generally missing.
- Professional caregivers have the widest view among our end-users regarding ATs. However, their experience in using them is limited by the availability in the institutions where they are active.
- One main identified problem for EPRMs and older informal caregivers is the search for information online.

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Co-creation sessions in Germany (IAT)

- Group A:
  - 7 Professionals who are working in district development specialized in elderly people, a member of the senior citizens advisory board, a commissioner for elderly citizens and elderlies who work with their peers and a member of the working Group Social Affairs.
- Group B:
  - 9 Elderly people with reduced mobility selected based on their age (65+) and the result of their mobility self-assessment. The
- Group C:
  - 3 Informal caregivers.

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Main findings (1)

- The implementation of ATs to compensate for the reduction of mobility among elderlies was seen as key for maintaining quality of life while aging.
- The major burden for the successful integration of ATs into daily lives was seen in the lacking awareness of benefits through ATs.
- The lack of awareness was described to affect the readiness to spend money on an internet connection which often is a basic requirement to have access to several ATs what makes their integration additionally difficult.
- Another major burden was the lack of digital skills to handle ATs.

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Main findings (2)

- Elderlies become quickly frustrated while trying to handle Ats and lose interest.
- The participants described that many peers are curious about the advantages many ATs might bring.
- Creating awareness and proper training opportunities might therefore be crucial to the success of any attempt to make elderlies curious about digital ATs.

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Co-creation sessions in Slovenia (IZRIIS)

- Group A:
  - 5 Informal caregivers, including 3 female and 2 male informal caregiver.
- Group B:
  - 5 Formal female caregivers with professional training and certification who are working in nursing homes for elderly.
- Group C:
  - 10 Elderly people with reduced mobility.

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Main findings

- There are many common points of view among the different participants. The EPRM use assistive technologies to improve their quality of life, but there are several access barriers like information about how to use them and lack of awareness about available assistive technologies.
- One main identified problem for EPRM is the search for information online. Elderly informal caregivers face the same problem of lack of technical skill.
- It is very important to offer the information on ATs in a structured and consistent manner in order to help EPRMs and their caregivers to improve the QoL in their basic activities of daily living.

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THANK YOU

SPEAKER, AFFILIATION

Contact Details

ERMAT ability

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AD-Arts

ad-autonomy

COL SUMERS