SUPPORT

Summary of the project

'From Shortage to Support: Innovative Models for Behavioral Care'

2025-1-NL01-KA220-ADU-000354692

1) Executive overview

Project: SUPPORT — hybrid, community-embedded caregiving through adult learning and digital enablement.

- Action: Erasmus+ KA220-ADU (Cooperation Partnerships in Adult Education).
- Consortium: Stichting Surplus (NL, coordinator), Visier (NL), GVFB (DE), SBSW (DE), Fundacja Understanding (PL), CSCI (IT).
- Core intent: scale hybrid (in-person + digital) caregiving by consolidating good practices, training professionals/volunteers/retirees, and piloting an e-health toolset.
- Geographical scope: Netherlands, Germany, Poland, Italy (with cross-border knowledge exchange).
- Primary beneficiaries: adults in vulnerable situations and their formal/informal caregivers; secondary beneficiaries: local care organisations and adult-learning providers.
- Key principles: user-centred design, accessibility and inclusion, privacy-by-design, evidence-based adult learning, and practical sustainability.

Why this matters now

- Care systems face rising demand and workforce shortages; hybrid models can extend reach without compromising quality.
- Digital tools are promising but underused without training, localisation and real-world pilots.
- Volunteers and retirees offer valuable, underutilised capacity when properly supported.

Co-funded by the European Union

2) Problem statement & rationale

- Fragmented community resources and uneven digital uptake diminish continuity of support for vulnerable adults.
- Terminology and practice vary across countries; shared definitions and local mapping are required for effective collaboration.
- Without structured adult-learning pathways and micro-credentials, volunteer and retiree contributions remain ad hoc and limited in scale.

Project response

- Establish a shared evidence base and vocabulary across four countries.
- Develop competency-based training tailored to real contexts and learners.
- Co-design e-health tools with users and test them in pilots before broader rollout.

3) Objectives & expected results

Overall objective

Build a scalable, evidence-based hybrid caregiving model that strengthens community capacity and integrates usable digital tools.

Specific objectives

- Best-practice consolidation & stakeholder engagement to set shared standards for hybrid care (WP2).
- Training & capacity building for professionals, volunteers and retirees (WP3).
- E-health tool design & pilot with iterative user testing and feedback loops (WP4).
- Sustained impact via dissemination, exploitation, MoUs, policy engagement (WP5).
- Robust management & QA with clear monitoring, reporting and escalation (WP1).

Expected results (examples)

- Four country snapshots and an EU synthesis that identify workable hybrid-care practices.
- A modular training suite with practical exercises, decision aids, and assessment rubrics.
- A tested e-health prototype/toolset with usability feedback from pilot sites.
- A sustainability roadmap and MoUs for post-grant adoption.

Success criteria (illustrative KPIs)

- ≥100 people trained across four countries with ≥90% completion.
- ≥3 e-health tools or modules piloted; ≥75% of pilot users report improved caregiving effectiveness.
- ≥4 local/regional dissemination events; evidence of policy or institutional uptake.

4) Work-package overview

WP1 – Project Management (Lead: Stichting Surplus)

- Scope: schedule, budget, quality; monthly online meetings; quarterly progress; mid-term review; annual physical meetings; final evaluation.
- Outputs: management plan, progress/finance reports, risk log, quality checks, close-out report.
- Tools: shared workspace; clear escalation path (WP lead → Coordinator → mediation if needed).

WP2 – Best practices & stakeholder engagement (Lead: Fundacja Understanding)

- Scope: collect & analyse practices; stakeholder consultations; country reports + EU synthesis.
- Outputs: methodology note; four country reports; EU synthesis with recommendations; validation workshops.
- Interfaces: feeds training design (WP3) and tool requirements (WP4).

WP3 – Training & capacity building (Lead: GVFB)

- Scope: develop competency-based modules; train professionals/volunteers/retirees; evaluate learning outcomes.
- Outputs: training curriculum (5+ modules), trainer pack, assessment rubrics, certificates, follow-up surveys.
- Interfaces: coordinates with pilots (WP4) to support adoption; works with WP5 on recognition/visibility.

WP4 – E-health tool development & pilot (Lead: CSCI)

- Scope: user-centred design, prototyping, testing; pilot deployments; feedback-driven improvement.
- Outputs: requirements & wireframes, MVP/prototype(s), pilot protocols, evaluation reports, finalised tools/manuals.
- Interfaces: takes input from WP2; supported by WP3 trainers to build user confidence; feeds results to WP5.

WP5 – Dissemination, exploitation & sustainability (Lead: Surplus; Support: Visier & SBSW)

- Scope: dissemination strategy & assets, events, stakeholder & policy engagement, sustainability roadmap.
- Outputs: comms plan, website/socials, EPALE/Results posts, local events, MoUs, exploitation/sustainability plan.

5) Partner roles & responsibilities

- Stichting Surplus (NL): Coordinator; leads WP1; plans WP5; QA, time and budget control; external relations and policy links.
- Visier (NL): WP5 support — community engagement, volunteer mobilisation, dissemination; supports national training delivery.
- GVFB (DE): Leads WP3 — designs and delivers training; supports adoption and evaluation; contributes to dissemination.
- SBSW (DE): Supports WP3/WP5 — local training logistics, pilot assistance, community and stakeholder links.
- Fundacja Understanding (PL): Leads WP2 — research methodology, consultations, country/EU reports; validation sessions.
- CSCI (IT): Leads WP4 — design, prototyping, pilots, tool refinement; technical documentation and support.

Collaboration approach

- Joint planning across WPs to avoid duplication and ensure hand-offs (WP2→WP3→WP4→WP5).
- Transparent reporting via monthly calls and quarterly statements.
- Shared templates for country inputs, training modules, pilot reporting and dissemination items.

6) Management, quality assurance & risk

Monitoring cadence & reporting

- Monthly online progress meetings with actions/status/risk updates.
- Quarterly progress and finance reports (WP & partner level) with variance analysis.
- Mid-term review and annual physical meetings for deep-dive planning; final evaluation and close-out.

Quality management (QA)

- Clear acceptance criteria for each deliverable (scope, quality, format, deadline).
- Internal peer review between partners prior to submission.
- Issue management: log → owner → due date → closure check; escalation when needed.

Risk management

- Operational: timeline slippage, resource constraints → buffers, early flagging, reallocation if required.
- Technical: tool usability/adoption → early user testing, training support, fallback procedures.
- Partnership: turnover/availability → deputy roles, onboarding packs, knowledge capture.
- Data protection & ethics: privacy-by-design, minimal data collection, DPIA if needed, consent procedures.

Communication & visibility

- Single visual identity and acknowledgement of EU funding on all outputs.
- Editorial calendar for web/social/dissemination; cross-posting to partner channels.
- EPALE/Results Platform entries; media kits for local events.

7) Timeline & meetings

Cadence

- Kick-off (Netherlands): confirm roles, deliverables, timelines; approve dissemination plan.
- Monthly online meetings for progress/risk; standing agenda with action list.
- Quarterly progress/finance reports; rolling risk/issue review.
- Mid-term evaluation at project midpoint; annual physical meetings.

Hand-offs & dependencies

- WP2 early findings → inform WP3 curricula and WP4 requirements.
- WP3 training rollout supports WP4 pilots (user confidence, adoption).
- WP5 runs throughout; intensified after pilot results for policy and uptake.

Pre-kick-off checklist for partners

- Nominate a WP contact and a finance contact; share availability for monthly calls.
- Provide initial country inputs (WP2), training needs (WP3), pilot constraints/user stories (WP4), and priority channels (WP5).
- Confirm document repository structure and versioning; agree meeting calendar for the first six months.