



SUPPORT MODEL FOR INFORMAL CARERS AND TRAINING COURSE EVALUATION TOOL

Organisation coordinator

INSTITUTO VALENCIANO DE SERVICIOS SOCIALES (IVASS)



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RESIL4CARE SUPPORT MODEL AND EVALUATION TOOLKIT

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1. Introduction

Resilience for Informal Caregivers (Resil4Care) is a project developed under the key action KA220-ADU, cooperation partnerships in adult education. The partnership is led by the Italian partner (Istituto per Servizi di Ricovero e Assistenza Agli Anziani) and formed by other 5 partners from 4 countries: Interactive 4D (France), FRODIZO (Greece), Las Naves and IVASS (Spain), and IAT (Slovenia). The reader will find further information about the partners or the project educational resources in the project website: <https://resil4care.eu/>.

Resil4care has the objective to improve the competences of informal carers through the use of social media platforms, in particular, the creation of 4 national Facebook groups (Italy, Greece, Slovenia and Spain) and the production of educational resources associated to resilience and the Facebook group management such as the two most related to this evaluation educational resource: a) a training course to improve the resilience of informal carers (PR2); and b) Resil4care ICT training toolkit (PR3).

Therefore, Resil4care has provided a complete educational set of resources:

- a) For educators to manage the Facebook group.
- b) For informal carers to improve their competences through their active participation in the Facebook group and, thereby, the improvement of their resilience.

Additionally, the 4 Resil4care partners have carried out a pilot test during a year (IAT, ISRAA, FRODIZO and IVASS) that has served, together with the evaluation carried out through this product, **to design and implement this evaluation educational resource** and to collect information to create the final educational approach which will be presented in PR2.

These pilot tests started with a training activity in Slovenia (C1), where the Facebook groups¹ were created. It continued with the dissemination and selection process of the informal carers taking part in the Facebook groups. To manage the group, regular meetings of the core group (transnational and management-oriented) and a support group (national and carer-oriented) were carried out. Finally, the pilot tests in the 4 countries have involved more than 900 informal carers who “theoretically” were improving their competences and resilience from:

- a) The information posted on the Facebook by the facilitators (support group).
- b) The exchange of information and experiences among the informal carers participating in the group.

a) ¹ An in-depth analysis of the 4 national Facebooks groups can be found in this document in the section 3: cases studies.



Resil4care model (*only for evaluation purposes*):

1-year educational approach formed by a blended training activity and the creation of 4 national Facebook groups with the objective to improve the informal carers' resilience. These Facebook groups, which are the key educational actions of the pilot test, have worked at 2 different project management levels: a) Coordination (transnational core group); and b) national support group. Directly linked to this educational process, Resil4care has also produced two pedagogical resources which offer the theoretical needed support to the Resil4care educational approach: a) a training course manual (PR2); and b) ICT training toolkit (PR3).

Whitin this working framework, it is presented the following educational resource (PR4): "Support model for informal carers and training course evaluation tool" that has the following objectives:

- a) To evaluate the key elements of the pilot test (1 year) formed by a training activity and a Facebook group. Its objective is to improve the final project results 2 and 3 of Resil4care project.
- b) To offer to the partnership, stakeholders and the educational community a model of evaluation (educational tangible result) with potential of transferability to other educational projects or training activities.

Therefore, the rationale of this product is to ensure that the educational approach developed is feasible, to collect relevant information to improve the final product, and to offer to the community a methodological evaluation with potential to be transferred to other different educational contexts (up-scaling).

In order to be able to reach these objectives, within this PR4, the partnership has deployed a mixed method evaluation research:

- a) Designing a specific evaluation method and tools.
- b) Carrying out 5 evaluation activities.
- c) Obtaining conclusions to help to create the project educational approach.

To start this evaluation process, the partnership agreed to substantiate the methodology on two key pillars: a) the development of a draft model (educational approach) against which the evaluation will be carried out; and b) to establish a competence-based evaluation framework.

Related to the first pillar of the evaluation methodology, it should be highlighted that **this model (educational approach presented in this document) was created only for evaluation purposes**. Its objective is to serve to create the final educational approach that will be presented in PR2 (training course to improve the resilience of informal carers).



The second pillar of this evaluation methodology was to set the framework to create the evaluation tools, specifically the 2 most important (tool 4 and 5). This framework will be used to define and evaluate the competences that the informal carers will acquire thanks to take part in the pilot tests (Facebook groups); and to establish a sound link between these competences acquired and the resilience improvement.

It should be highlighted that these two interlinked key evaluation tools:

- **a resilience questionnaire (tool 4),**
- **a competence evaluation tool (tool 5)**

are the most important tools produce by this educational resource. In fact, this document devotes two specific sections (2.4.3.1 and 2.4.3.2.) to clearly explain their rationale.

Regarding to the tool 5 (**competence evaluation**), it is based on two European recognized conceptual frameworks: a) the LifeComp (Sala et al., 2020); and b) The Digital Framework competence for citizens (Vuorikari et al., 2022). In addition, these frameworks recognize the relevance for a person to acquire key competences as relevant condition to improve their resilience, providing, in this way, the bases to design the **resilience questionnaire** (tool 4).

Additionally, it also should be highlighted that this document devotes a whole section (3. Case studies) to present an in-depth analysis of the 4 Facebook groups (case studies) developed by the partners at national level during the year. Each case study is divided into 2 sections:

- **A case snapshot:** with a selected relevant activities and results of each national case.
- **The case study:** fully description of the national case.

Finally, in addition of what have been stated above, this educational resource provides a **proposal of evaluation** with potential to be transferred to other educational contexts (section 4); and conclusions and recommendation from the evaluation activities carried out, from the cases studies developed (section 3) and tools created (section 5).



2. Resil4care pilot test

2.1. Introduction: justification and definition of the pilot test

There is not a unanimous definition of pilot test (piloting or try-out). It depends on the field or need of the study. Despite this, it might be defined as “a small or short study of feasibility and viability, conducted to test the methodological aspects of larger scale or complexity” (Muñoz, 2020). Piloting new interventions ensures that the methodological approach is robust and feasible (Lancaster, 2015). In addition, a pilot test in educational projects is relevant because “the teaching of the research covers all aspects of the research process, involving pilot studies” (Muñoz, 2020).

Consequently, Resil4care planned this pilot test to ensure that the educational approach developed was feasible, to collect relevant information to improve the final product, and to offer to the community a methodological evaluation with potential to be transferred to other different educational contexts (up-scaling).

With all this, Resil4care pilot test might be defined as a **1-year educational approach formed by a blended training activity (C1) and the creation of 4 national Facebook groups with the objective to improve the informal carers’ resilience**. These Facebook groups, which are the key educational actions of the pilot test, have worked at 2 different project management levels: a) Coordination (core group); and b) support group. As it was stated above, **this educational model presented in this PR4 has been designed only for evaluative purposes**; to help other educators to implement the evaluation methodology and tools developed in this PR4 (potential transferability).

In addition, directly linked to this educational process, the project has also produced two pedagogical resources which offer the theoretical needed support to the Resil4care educational approach: a) a training course manual (PR2); and b) ICT training toolkit (PR3).

2.2. Participants in the pilot test (target groups)

The most important pilot test target groups in this pilot test are:

- a) The participants of the “core group” in charge of planning, execution, monitoring and controlling the Facebook groups.
- b) The informal carers (target benefited from this educational approach).

a) Core group.

The core group is led by the training activity coordinator and formed by 8 facilitators (2 per country and partner) They are all professional experts on the field of work: informal care.

The core group has a double purpose within the pilot test. The leader and the 8 facilitators are at the same time the **participants of the learning activity (online learning)** and the **transnational management structure** of pilot test. Having said it in other words, the participants of the core group are learning by managing the Facebook group (**learning through practice**). The core group is responsible to ensure that the 4 national Facebook groups have a homogeneous and smooth working. They are the bridge between the general project objectives (transnationality) and the national activities (Facebook).

Role of the coordinator:

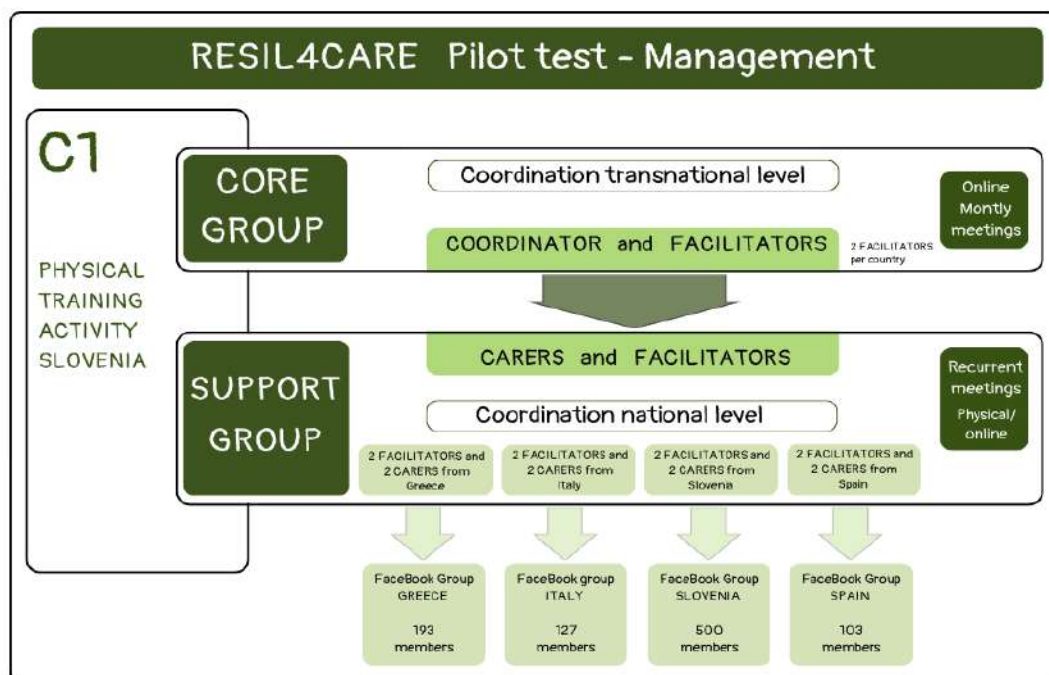
- Empower activity of core group.
- Figure out new topics that carers are keen on.
- Provide worksheets with new topic, ideas, tips about carer and self-care.

Therefore, in addition of learning through practice, the core group is accountable for:

- Designing the initial working plan: setting up the pilot schedule.
- Establishing the sequence of activities.
- Define and develop the topics to be posted on the Facebook group.
- Alignment of the results with the rest of the Resil4care project products.
- To lead and keep motivated the Facebook group participants (informal carers).
- Ongoing communication among participants.
- Presenting the Facebook results to the steering committee.
- Collection and analysis of the Facebook data.
- Developing the evaluation methodology (this document), tools and elaborating evaluation reports.

In addition, one structural step down, the 2 national facilitators work regularly at national level with 2 informal carers who also took part in the physical training activity (C1). They form the “support group” which is in charge to **invigorate the national Facebook group**, implementing the guidelines agreed by the “core group” (see figure 1).

Figure 1. Two levels of management and learning: core group and support group. Source: own elaboration.



b) Informal carers.

This is the key target group of the Resil4care project. The final objective of the Facebook group is to improve the key competences of the informal carers to increase their resilience. **Facebook group is the educational tool by which informal carers learn** from the information posted by the “supported group”, and from the interaction and experiences of the other informal carers participants.

Therefore, the profile searched to take part in the Facebook group is a person with their own experiences as family informal carer and wishing to take active part on the national Facebook group.

According to the information collected and analyzed to produce the tool 4 (resilience questionnaire) where 161 participants in the 4 national Facebook group answered 6 demographic questions, the profile of the participant is a woman (81,4%) of middle age (68,4% have an age between 40 and 60 years old) with a study level of tertiary education (60,9%). Related to the place where the informal carers live, the 62,7% stated to live with their family and only 14,3% live with the person who they care. Finally, the 64% of the respondents stated to provide care for the mother, father or both.

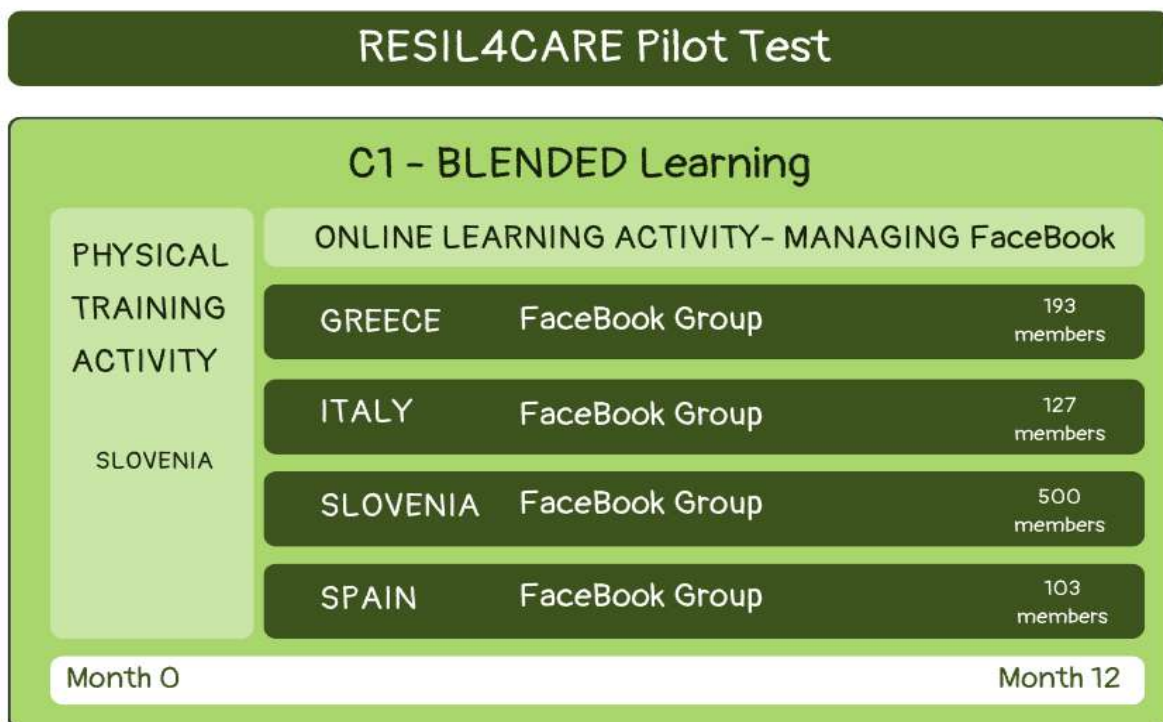
Informal carer profile: woman in her fifties, well-educated, Facebook user and not living with the person who cares (usually father or/and mother).

2.3. Pilot test activities

As it was above outlined and it can be in the figure 2, the pilot test has been carried out through the implementation of 2 intertwined and reinforcing key activities:

- a) The blended teaching and learning activity.
- b) The Facebook group.

Figure 2. Resil4care pilot test activities. Source: own elaboration.



a) Teaching and training activity (C1)

This blended training activity is formed by two phases:

1. theoretical training (24 hours) (3 days).
2. practical training (36 hours) (11/12 months)

a) Theoretical training (1st phase)

During the first phase (physical training), C1 was implemented through a face-to-face training activity which was hosted by Slovenian partner, lasting 3 days.

Several key project topics (Resilience, psychological and carer factors, ICTs, security in social media, Facebook group...) were covered during the first phase of the training activity. The teaching methodology was most based on national workshops led by the national facilitators. These topics were the base for the future production of the PR2 and PR3. In the last part of the course, each national group was in charge to create the Facebook account which would later be managed by the national "support group" (2 facilitators and 2 informal carers). In that very same moment that Facebook support group started to run, the second phase of the pilot test started.

The learners of this physical training and teaching activity were 4 people from each of participating countries (Italy, Slovenia, Greek and Spain) in charge later to manage the national Facebook groups. It was formed by 2 facilitators with experience on the field and 2 informal carers by country. Therefore, the informal carer participants not only acquire skills taking part in the training activity, but they also add their own experience to the project as a **family/informal carer**. The 2 national facilitators and the 2 informal carers work regularly at national level forming the "**support group**", being in charge to implement the outputs of the core group at national level (Facebook group).

b) Practical training (2nd phase)

The second phase of the training activity has a length of 11 months and is carried through combining virtual and physical methodologies. Two groups are taking part: core group (transnational body meeting regularly online) and support group (national body combining physical and virtual meetings). This training started when the National Facebook groups were created, just at the end of the physical training activity (C1).

As it was mentioned before, this practical training consisted of learning through practice. The role of the facilitators (core group) in this learning process was to plan, implement, control and monitor the Facebook groups; while the role of the informal carers and facilitators (support group) were to implement and invigorate the national Facebook group.

The following section explains in detail the functioning and structure of the national Facebook groups.



b) National Facebook groups.

Once the presential training activities ended with the creation of the national Facebook groups, the national Facebook administrators "support group" (2 facilitators and 2 informal carers) had to recruit a minimum of 80 informal carers wishing to actively participate on the Facebook group. To become a member of the Facebook group, participants had to accept the group rules and were invited to fill out the resilience questionnaire (tool 4).

As it was stated in previous paragraphs, the main goal of this educational tool (and the Resil4care project) is to improve the resilience of the members of the Facebook group (informal carers).

Related to control and monitor of the Facebook group, Resil4care designed a two-level management approach:

1. Core group: coordination at transnational level.
2. Support group: coordination at national level.

The first one is highest **coordination level** formed by the leader (Slovenian partner) and the 8 facilitators (2 per country). At this level, the components of the group had monthly online meetings to propose and develop new topics, give advice, discuss new situations, and whatever helps to develop the sustainability and a good ambience within the Facebook support group. In addition, these coordination meetings give tips on how to work with the 2 informal carers at national level (support group)

The second level is the **support group**. This group is made up by the 2 facilitators and the 2 informal carers who previously took part in C1. Their role was national **Facebook group administrators**. Carer and facilitators had also recurrent meetings to maintain a proper ambience, to develop new ideas, to boost the participation on the Facebook group, as well as to create a nurturing environment.

To do so, it is crucial that the information posted on the Facebook group (by administrators and members) helped to create a rich information environment to elicit the exchange of experiences among the participants. This exchange of information among the facilitators and the participant informal carers was expected to improve some key competences and, therefore, to increase the resilience of participants, which is the final project objective.

Summing up, it might be said that the success of the Facebook group depends on two factors:

- a) The quality of the content posted by facilitators.
- b) The interaction/participation of informal carers sharing personal experiences.

2.4. Evaluation method applied.

2.4.1. Introduction

As it was already defined in the introduction of this document, this educational resource has the following two objectives:

- c) To evaluate the key elements of the pilot test (1 year) formed by a training activity and a Facebook group. Its objective is to improve the final project results 2 and 3 of Resil4care project.
- d) To offer to the partnership, stakeholders and the educational community a model of evaluation (educational tangible result) with potential of transferability to other educational projects or training activities.

In order to be able to reach these objectives, this project result (PR4):

- d) Designed a specific evaluation method and 9 tools.
- e) Carried out 5 evaluation activities.
- f) Obtained conclusions to help to create the project educational approach.

To achieve these objectives, this educational resource (PR3) has deployed a mixed method research implemented 5 different evaluation activities.

The method can be summarized as a combination of quantitative and qualitative methods used to create the tools, implement the evaluation activities, and obtained the conclusions of the evaluation (sections 5.1 and 5.2). The specific way chosen to combine the quantitative and qualitative research might be defined as “Completeness” by which through this mixed method *“the researcher can arrive at a more comprehensive account of the area of inquiry”* (Bryman, 2016).

2.4.2. Evaluation activities implemented.

As it was mentioned above, this product has carried out 5 evaluation activities:

1. Evaluation of the C1 training activity by learners: (tools 1, 2 and 3) plus a group discussion at the end of the activity.
2. 1 pass (self-administered) of the resilience questionnaire (tool 4) completed by participants taking part in the Facebook group.

3. 20 experts took part (interviews and group discussions) in the process of tuning up the methodology and producing the tools (resilience questionnaire and competence evaluation tool).
4. 1 focus-group formed by the project partners responsible of the national Facebook groups.
5. 1 case study per country: Slovenia, Italy, Greece and Spain.

2.4.3. Evaluation tools developed.

Related to the quantitative data collection, Resil4care has developed 4 tools (2, 4, 5 and 6); and to collect qualitative information, the project has developed 2 tools (7 and 9). In addition, it has been developed two tools to collect mixed information (1, 3 and 8).

The first 3 tools were designed to assess the physical training activity developed within the project in Slovenia. The tools 4, 5, 6 and 7 were designed to assess different elements of the pilot test (Facebook groups). The tool 8 was designed to evaluate the ICT dimensions of the Resil4care training platform (PR3). Finally, the last tool (9) was designed to develop, through a case study, the 4 pilot tests implemented for the partners.

The table 1.a (following page) includes a description, type and objective of each of the tools developed by the Resil4care project.

In addition, the section 2.5. includes all the evaluation tools developed by the project with a brief description of each of them. They are ready to be used (or adapted/improved) by the educational community.

The design and development of most of the tools produced by this resource (1, 2, 3, 6, 8 and 9) have followed a non-academic approach method generally based on the following steps:

1. Literature review of methods and tools from similar European projects; educational websites, academic documents (Scopus)....
2. Internal information from the participating organizations (processes, professionals' opinions, tools, conclusions, documents, and artifacts).
3. Presentation and discussion with the partnership of the working method proposal.
4. Development and implementation of the methodology and tools.

This approach is considered very useful when it is aimed at the development of practical and easy-to-implement evaluation tools to contribute to reach the project objectives and be used (or modified) later by educational professionals in different contexts.



But on the other side, **the production of the tool 4 (resilience questionnaire) and tool 5 (competence evaluation tool) has followed a specific academic method** which is worth to be thoroughly explained in the following section.

To produce the resilience questionnaire and competence evaluation tool Resil4care has applied a rigorous academic method which is fully explained in the sections: 2.4.3.1. and 2.4.3.2.



TABLE 1.a. Evaluation tools developed by Resil4care (PR4). Source: own evaluation.

Tool		Objective	Type	Target group
1	Training activity participants information.	To collect information about participants in a training activity. To adapt the training activity to needs and interests of the participants.	Questionnaire. Collecting mixed information.	Learners taking part in the training activity.
2	Training activity knowledge evaluation.	To assess the capacity of the training activity to achieve the goals set on the training activity.	Questionnaire. Likert Scale. Collecting quantitative information.	Learners taking part in the training activity.
3	Training activity satisfaction questionnaire.	Participants opinion of the training activity. To improve the final PR2.	Questionnaire. Likert scale and open questions. Collecting mixed information.	Learners taking part in the training activity.
4	Resilience questionnaire.	To assess the resilience improvement of participants taking part in the pilot test. (Facebook group).	Quantitative questionnaire. Likert scale.	Informal carers.
5	Competence evaluation questionnaire.	To assess the competences (digital, personal, social and learning to learn) of participants taking part in the pilot test. (Facebook group)	Quantitative questionnaire. Likert scale.	Informal carers.
6	Satisfaction questionnaire.	Participants opinion of the Facebook group. To improve the final PR2.	Quantitative questionnaire. Likert scale.	Informal carers.
7	Focus groups template.	To strategically assess the validity of the Resil4care model (training activity + Facebook)	Qualitative questionnaire. Inspiring questions.	Coordinators of the pilot.
8	ICT dimensions of the platform. Satisfaction.	To assess the satisfaction of the learners of the training platform.	Questionnaire. Collecting mixed information.	Learners taking part in the platform learning activities (PR3).
9	Case study.	To explore and analysis 4 real settings to create a framework.	Open questions questionnaire	Coordinators of the pilots.

2.4.3.1. Resilience questionnaire (tool 4)

Introduction. Concept of resilience.

Since the seventies of the last century the concept of resilience has generated a huge line of research about individuals (Coronado, 2017) and practical work (activities, exercises, guides...). As a result of this, the understanding and definition of resilience has evolved becoming a relevant element in many fields (Southwick et al., 2014). Therefore, depending on the field of work from which resilience is addressed, the definition or concept could be slightly different. In the table 2 are showed several concepts of resilience from relevant articles within the educational field (key for Erasmus+ initiative) and the field of work of the informal carers (key for Resil4care project). These definitions and the approach used in the articles have been crucial to create the questionnaire theoretical framework which is explained in the following section.

Table 2. Relevant concepts of resilience for the Resil4care project. Source: own elaboration from different sources.

Author/s	Article title	Definition of Resilience
Smith BW, Dalen J, Wiggins K, Tooley E, Christopher P, Bernard J.	The brief resilience scale: assessing the ability to bounce back.	The ability to bounce back or recover from stress, to adapt to stressful circumstances, to not become ill despite significant adversity and to function above the norm despite stress or adversity.
Glennie EJ.	Coping and resilience. In Non-Cognitive Skills in the Classroom: New Perspectives on Educational Research.	Resilience refers to 'positive adaptation' in response to serious adversity.
Dias R, Santos RL, Sousa MFBD, et al.	Resilience of caregivers of people with dementia: A systematic review of biological and psychosocial determinants.	Positive adaptability to face adversity, flexibility, psychological well-being, strength, healthy life, burden, social network, and satisfaction with social support.
Simon MA, Gunia B, Martin EJ et al.	Path toward economic resilience for family caregivers: Mitigating household deprivation and the health care talent shortage at the same time.	Economic resilience is defined as the ability to rebound from an economic hardship back to the pre-illness financial level.

Questionnaire design: method.

1. Developing the theoretical framework and underlying constructs.

The questionnaire design started with a research completed using several sources of information:

- a) The key findings included in PR1 (Methodology framework and preparatory analysis).
- b) the results of the evaluation of C1 (Joint staff training) which took place in Slovenia in October 2022.
- c) The findings obtained from a literature review carried out at the end of 2022 (24 academic and practical documents focused on the resilience improvement through ICTs were analyzed).
- d) 6 interviews with IVASS psychologists.

As a result of this, it was defined the theoretical framework of the resilience concept which was used to produce the first set of items forming the questionnaire.

According to the findings from the research above mentioned, it was found 2 strong underlying constructs behind the Resilf4care concept of resilience:

1. Psychological resilience (see concepts of table 2)
2. Digital Resilience: ability of a person to improve by engaging in digital experiences.

The first one construct was formed by 6 dimensions related to the psychological concept of resilience (anxiety, perseverance, beliefs, self-efficacy, positivism, and flexibility).

The second construct (digital resilience) was formed by the elements linked to the improvement of resilience through the acquisition of two digital competences (collaboration and communication).

The research team considered to focus only on the first dimension (Psychological resilience) to build this first tool (resilience questionnaire), leaving the digital dimension for the tool 5 (Competence evaluation tool), understanding that the two digital competences that form this construct correspond better to the objectives of a competence evaluation tool.

2. Developing the Likert scale questionnaire.

Resil4care project agreed on developing a 5-point Likert questionnaire as considering it the best way to assess the resilience improvement of so huge number of informal carers (more than 500) taking part in the project (Facebook group)

This second phase started by defining the pre-items that would form the first questionnaire. A focus group with 6 IVASS psychologists was carried out finding a total of 77 items related to the resilience construct (Anxiety:14; perseverance: 11; beliefs: 11; self-efficacy: 13; positivism: 16; and Flexibility: 12)

Following, 9 external experts ranked the items. The results were statistically analyzed by the research team, selecting the most relevant. A pilot test with 4 informal carers was completed to assess the clarity of the instructions and the feature of the items (wording, clarity, aesthetic, sequence, and response time). This pre-final tool (see annex 1) was formed by the following 29 items:

1. I get easily irritated.
2. I avoid facing new situations.
3. I easily disconnect from problems.
4. I have a good quality of life.
5. I like to share my problems.
6. I have enough time for myself.
7. I am worried about my future.
8. I take care of myself.
9. My social life could improve.
10. I solve problems if I invest the necessary effort.
11. I keep calm when facing with a problem.
12. I find different solutions to a problem.
13. I can adapt to changes.
14. I have no interest in my future.
15. I am a self-confident person.
16. I believe that my future is determined by fate.
17. I am proud of my achievements.
18. I feel uncomfortable when changes occur in my environment.
19. My family context supports me.
20. Technology helps me to communicate with other people.
21. I feel overwhelmed by the concerns generated by taking care for a person.
22. Changes in the person I care for make me anxious.
23. I accept the changes that occur in my life as a result of caring for another person.
24. I have the skills to perform the tasks of an informal carer.
25. My obligations as an informal carer decrease my quality of life.
26. I have the ability to understand the needs of the person I care for.
27. I lack of energy.
28. I have skills to cope with stress.
29. I adapt to the demands of the person I care for.

Finally, 11 demographic questions were included. The items were translated into Greek, Italian, Slovenian and Spanish. The questionnaire was uploaded to the 4 national Facebook groups to be completed by the informal carers participating in the project.

3. Statistical analysis

Data source (n=161)

161 informal carers taking part in the national Facebook groups completed the online questionnaire. Of these, 81,4% were women; and 16,8% were men. Most of them were middle-aged carers (68,4% have an age between 40 and 60 years old) with a study level of tertiary education (60,9%). Related to the place where the informal carers live, the 62,7% stated to live with their family and only 14,3% live with the person who they care. Finally, the 64% of the respondents stated to provide care for the mother, father or both.

Analysis

Component analysis was conducted as the variable-reduction technique. Factor loading $>.50$ was used to include an item in the 7 factors obtained. 16 items were included in the final questionnaire.

Reliability: Cronbach's Alpha test was run to check the internal reliability of the 29 Likert-scale items. The test showed a score of .83 which is considered "good". Related to the final questionnaire formed by 16 items, the Cronbach's Alpha decreased to .75 which is considered "acceptable" (table 3).

Table 3. Cronbach's Alpha of the final questionnaire (16 items). Source: own elaboration from the sample data.

Estadísticas de fiabilidad

Alfa de Cronbach	N de elementos
.75	16

A principal component factor analysis was run on the 29 Likert-scale items. Although the test found 7 factors, only the two first of them have been retained and use to develop the final questionnaire. These two factors explained the 41% of the variance (table 4) which is considered a very good porcentaje.

Table 4. Total variance explained. Source: own elaboration from the sample data.

Varianza Total Explicada									
	Valores propios Iniciales			Sumas de Pesos al Cuadrado de la Extracción			Rotación: Sumas de Pesos al Cuadrado		
	Total	% de Varianza	% Acumulado	Total	% de Varianza	% Acumulado	Total	% de Varianza	% Acumulado
1	7.04	24.3%	24.3%	7.04	24.3%	24.3%	5.91	20.4%	20.4%
2	4.85	16.7%	41.0%	4.85	16.7%	41.0%	3.14	10.8%	31.2%
3	1.81	6.2%	47.3%	1.81	6.2%	47.3%	2.71	9.4%	40.6%
4	1.60	5.5%	52.8%	1.60	5.5%	52.8%	1.81	6.3%	46.8%
5	1.24	4.3%	57.1%	1.24	4.3%	57.1%	1.57	5.4%	52.2%
6	1.06	3.6%	60.7%	1.06	3.6%	60.7%	1.89	6.5%	58.8%
7	1.01	3.5%	64.2%	1.01	3.5%	64.2%	1.52	5.3%	64.0%
8	.97	3.3%	67.5%						
9	.85	2.9%	70.4%						
10	.76	2.6%	73.1%						
11	.74	2.5%	75.6%						
12	.68	2.3%	77.9%						
13	.64	2.2%	80.1%						
14	.60	2.1%	82.2%						
15	.57	2.0%	84.2%						
16	.53	1.8%	86.0%						
17	.47	1.6%	87.6%						
18	.42	1.5%	89.1%						
19	.42	1.4%	90.5%						
20	.38	1.3%	91.8%						
21	.37	1.3%	93.1%						
22	.34	1.2%	94.3%						
23	.31	1.1%	95.4%						
24	.29	1.0%	96.4%						
25	.26	.9%	97.3%						
26	.24	.8%	98.1%						
27	.21	.7%	98.8%						
28	.18	.6%	99.4%						
29	.16	.6%	100.0%						

As a result of this analysis, 16 items with a loading higher than .50 have been included in the final questionnaire. Rotation was needed to identify the factors and the items included in them. As it can be seen in the table 5, 10 items from the first factor and 6 items from the second factor were included in the final questionnaire.

Table 5. Rotated matrix of components. 16 items with loading higher than .50. Source: own elaboration from the sample data.

Matriz Rotada de Componentes

	Componente						
	1	2	3	4	5	6	7
Item1	.02	.29	.26	-.10	.64	.24	-.19
Item2	.24	.31	.10	.21	-.04	.61	-.21
Item3	.38	.28	.25	.03	.43	-.10	.27
Item4	.06	.04	.58	.22	-.05	.18	.52
Item5	.39	.00	.27	-.05	-.64	.05	-.12
Item6	.13	.06	.83	.05	.07	.03	-.02
Item7	-.11	.74	-.06	.10	.02	.03	.22
Item8	.26	.04	.80	-.05	.06	.09	.14
Item9	-.08	.74	-.16	-.01	.06	-.05	-.25
Item10	.65	-.19	.26	-.15	-.04	.10	.20
Item11	.60	.00	.06	-.13	.14	.49	.21
Item12	.77	-.03	.14	-.16	-.07	.05	.08
Item13	.73	.06	.06	.09	-.08	.12	.23
Item14	.02	-.04	.19	.83	-.09	-.01	-.16
Item15	.70	.03	.22	.27	.00	-.01	.07
Item16	-.10	.15	-.10	.72	.06	.12	.19
Item17	.55	-.02	.40	.18	-.12	-.32	.16
Item18	-.19	.22	-.07	.45	.27	.56	.11
Item19	.33	.06	.15	-.01	.04	-.05	.69
Item20	.49	-.34	.23	.06	-.05	-.20	.07
Item21	-.15	.58	.26	.16	.43	.16	.13
Item22	-.25	.58	.09	.02	.39	.32	-.13
Item23	.61	-.33	-.03	.10	.21	-.11	.20
Item24	.74	-.15	.06	-.06	-.14	-.01	-.10
Item25	-.18	.64	.34	.03	.06	.26	.21
Item26	.75	-.22	.01	-.07	-.09	.05	-.07
Item27	-.05	.53	.28	.07	.06	.52	.06
Item28	.38	-.04	.34	-.17	-.01	.42	.29
Item29	.78	-.07	-.04	-.13	-.02	.01	.02

According to the research team, these 2 factors represent two different constructs (table 6):

- Competence factor: what I believe I can achieve with my skills (positive approach).
- Lack of quality of life: negative feelings associated to resilience (negative approach).

Table 6. The 16 items of the final questionnaire disaggregated by factors. Source: own elaboration from the sample data.

Factor 1: competence factor. Orientation of the items: positive.	Factor 2: Lack of qualitative of life. Orientation of the items: negative.
10. I solve problems if I invest the necessary effort.	7. I am worried about my future.
11. I keep calm when facing with a problem.	9. My social life could improve.
12. I find different solutions to a problem.	21. I feel overwhelmed by the concerns generated by taking care for a person
13. I can adapt to changes.	22. Changes in the person I care for make me anxious.
15. I am a self-confident person.	25. My obligations as an informal carer decrease my quality of life.
17. I am proud of my achievements.	27. I lack of energy.
23. I accept the changes that occur in my life as a result of caring for another person.	
24. I have the skills to perform tasks of an informal carer.	
26. I have the ability to understand the needs of the person I care for.	
29. I adapt to the demands of the person I care for.	

2.4.3.2. Competence evaluation tool (Tool 5).

Introduction: tool conceptual framework.

To begin with, this competence tool follows **“the recommendation of the European Parliament and of the Council of Key competences for Lifelong Learning supported the development of competence-oriented teaching and learning...”** (Vuorikary et al., 2022), focusing on assessing the improvements of learners (in this case informal carers) through the learning outcomes achieved in a specific digital context, in the case of Resil4care: the Facebook groups.

Accordingly, Resil4care project agreed on developing a competence evaluation tool based on two European recognized conceptual frameworks: a) the LifeComp (Sala et al., 2020); and b) The Digital Framework competence for citizens (Vuorikari et al., 2022).

Both publications are Science Policy Reports of the Joint Research Center (JRC), The European Commission’s science and knowledge service, with the aim to provide to evidence-based scientific support to the European policymaking process. In addition, these two conceptual frameworks follow the Council Recommendation on Key Competences for Lifelong Learning, 22 May 2018, ST 9009 2018 INIT.

In this way, Resil4care project is **not only using European Union recognized frameworks, but also exploring how to adapt and use it in different contexts and obtaining conclusions**, as it is suggested by the document: “...initiative developers to adapt the reference framework to their needs when tailoring interventions (e.g. curriculum development) to fit the specific needs of target groups” (DigComp, p. 4).

On the one hand, The European Framework for Personal, Social and Learning to Learn Key Competences (LifeComp) provides a conceptual framework for teaching and learning “personal, Social and Learning to learn” competences. They are considered key by the Council to allow European Citizens to successfully manage their challenges in personal spheres, in work and in society. The LifeComp states its relevance as a basis for the development of curricula and learning activities. As it can be seen in figure 3, LifeComp has 9 competences (Self-regulation, Flexibility, wellbeing, empathy, communication, collaboration, growth mindset, critical thinking, and managing learning) with three descriptors each which are outline using the “awareness, understanding, action’ model” depicting several facets of deployment”.

Figure 3. LifeComp key competence components and descriptors (Sala et al. 2020). Source: LifeComp.

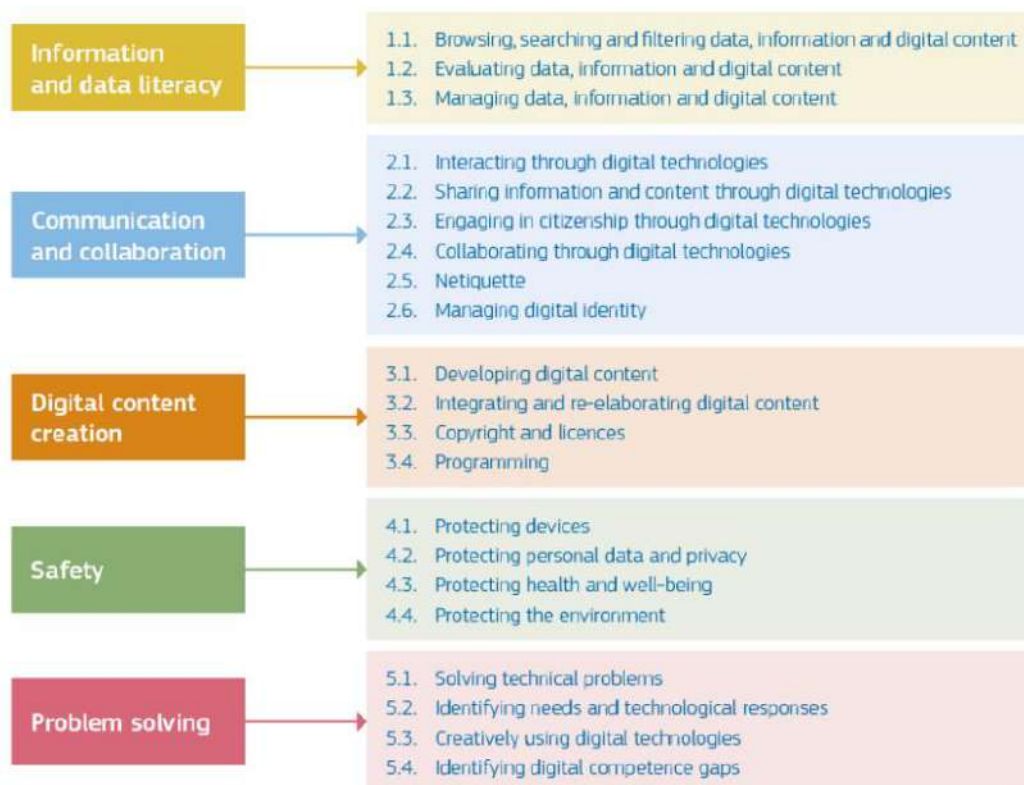
AREA	COMPETENCES	DESCRIPTORS
PERSONAL	P1 Self-regulation Awareness and management of emotions, thoughts and behaviour	P1.1 Awareness and expression of personal emotions, thoughts, values, and behaviour
		P1.2 Understanding and regulating personal emotions, thoughts; and behaviour, including stress responses
		P1.3 Nurturing optimism, hope, resilience, self-efficacy and a sense of purpose to support learning and action
	P2 Flexibility Ability to manage transitions and uncertainty, and to face challenges	P2.1 Readiness to review opinions and courses of action in the face of new evidence
		P2.2 Understanding and adopting new ideas, approaches, tools, and actions in response to changing contexts
		P2.3 Managing transitions in personal life, social participation, work and learning pathways, while making conscious choices and setting goals
	P3 Wellbeing Pursuit of life satisfaction, care of physical, mental and social health; and adoption of a sustainable lifestyle	P3.1 Awareness that individual behaviour, personal characteristics and social and environmental factors influence health and wellbeing
		P3.2 Understanding potential risks for wellbeing, and using reliable information and services for health and social protection
		P3.3 Adoption of a sustainable lifestyle that respects the environment, and the physical and mental wellbeing of self and others, while seeking and offering social support
SOCIAL	S1 Empathy The understanding of another person's emotions, experiences and values, and the provision of appropriate responses	S1.1 Awareness of another person's emotions, experiences and values
		S1.2 Understanding another person's emotions and experiences, and the ability to proactively take their perspective
		S1.3 Responsiveness to another person's emotions and experiences, being conscious that group belonging influences one's attitude
	S2 Communication Use of relevant communication strategies, domain-specific codes and tools, depending on the context and content	S2.1 Awareness of the need for a variety of communication strategies, language registers, and tools that are adapted to context and content
		S2.2 Understanding and managing interactions and conversations in different socio-cultural contexts and domain-specific situations
		S2.3 Listening to others and engaging in conversations with confidence, assertiveness, clarity and reciprocity, both in personal and social contexts
	S3 Collaboration Engagement in group activity and teamwork acknowledging and respecting others	S3.1 Intention to contribute to the common good and awareness that others may have different cultural affiliations, backgrounds, beliefs, values, opinions or personal circumstances
		S3.2 Understanding the importance of trust, respect for human dignity and equality, coping with conflicts and negotiating disagreements to build and sustain fair and respectful relationships
		S3.3 Fair sharing of tasks, resources and responsibility within a group taking into account its specific aim, eliciting the expression of different views and adopting a systemic approach
LEARNING TO LEARN	L1 Growth mindset Belief in one's and others' potential to continuously learn and progress	L1.1 Awareness of and confidence in one's own and others' abilities to learn, improve and achieve with work and dedication
		L1.2 Understanding that learning is a lifelong process that requires openness, curiosity and determination
		L1.3 Reflecting on other people's feedback as well as on successful and unsuccessful experiences to continue developing one's potential
	L2 Critical thinking Assessment of information and arguments to support reasoned conclusions and develop innovative solutions	L2.1 Awareness of potential biases in the data and one's personal limitations, while collecting valid and reliable information and ideas from diverse and reputable sources
		L2.2 Comparing, analysing, assessing, and synthesising data, information, ideas, and media messages in order to draw logical conclusions
		L2.3 Developing creative ideas, synthesising and combining concepts and information from different sources in view of solving problems
	L3 Managing learning The planning, organising, monitoring and reviewing of one's own learning	L3.1 Awareness of one's own learning interests, processes and preferred strategies, including learning needs and required support
		L3.2 Planning and implementing learning goals, strategies, resources and processes
		L3.3 Reflecting on and assessing purposes, processes and outcomes of learning and knowledge construction, establishing relationships across domains

Finally, one of the issues that should be highlighted to justify the use of this framework in the Resil4care project is the relevance for the LifeComp to acquire this key competence to become European citizens more “resilient”, which is precisely the most important goal of resil4care project.

This key competence has thus been labelled “Personal, Social, and Learning to Learn”, and is defined as “the ability to reflect upon oneself, effectively manage time and information, work with others in a constructive way, **remain resilient** and manage one’s own learning and career.” (LifeComp, page 11)

On the other hand, the competence evaluation tool developed by Resil4care is based on another framework: the Digital Competence Framework for Citizens (DigComp 2.2). This framework provides a common understanding to identify and describe the key areas of digital competence, having been put in practice at European Union Level on tasks such as to build digital skills indicators or incorporate it into the Europass CV. DigComp is formed by the following 5 competences: Information and Data Literacy; Communication and Collaboration; Digital content creation; Safety; and Problem solving (Figure 4).

Figure 4. The DigComp conceptual reference model. Source: Digcomp 2.2.



Questionnaire design: method.

The starting point to build the Competence evaluation tool was to identify which competences were key for the project within the two conceptual frameworks chosen: the LifeComp and the Digcomp. A group discussion in which took part 10 experts from the participating organizations in the project determined that the competence evaluation tool should assess 7 key competences:

- a) 4 competences from the LifeComp framework:
 - a. **Communication:** the use of relevant communication strategies, domain-specific codes and tools, depending on the context and content.
 - b. **Collaboration:** Engagement in group activity and teamwork acknowledging and respecting others.
 - c. **Growth mindset:** The believe in one's and other's potential to continuously learn and progress.
 - d. **Managing learning:** The planning, organizing, monitoring and reviewing of one's own learning.
- b) 3 competences from the DigCom framework:
 - a. **Communication and collaboration:** to interact, communicate, and collaborate through digital technologies while being aware of cultural and generational diversity.
 - b. **Digital content creation:** to improve and integrate information and content into an existing body of knowledge while understanding how copyright licenses are to be applied.
 - c. **Safety:** to protect physical and psychological health, and to be aware of digital technologies for social-wellbeing and social inclusion.

Following, a bibliographic search and literature review (Scopus and ScienceDirect) was conducted to verify the presence of existing competence tools related to the two chosen frameworks. Furthermore, it was searched for tools related to the assessments of the 7 key competences. This analysis made it possible to identify several subconstructs related to the chosen competences and value measures to evaluate the constructs.

As a result, the research team managed to formulate 104 pre-items. These items were analyzed by the research team and adapted to the target group (Informal caregivers), forming the initial questionnaire with 92 items. Two independent focus groups with experts on adult education were

carried out to prioritize and validate the items; and five items were chosen by each competence (7 competences x 5 items = 35 items)

Finally, a pilot test with 3 educators was completed to assess the clarity of the instructions and the feature of the items (wording, clarity, aesthetic, sequence, and response time).

The final tool 5 and the other evaluation tools produced by this product PR₄ can be found in the following section (2.5).

2.5. Final evaluation tools.

This section is devoted to present the final evaluation tools developed by Resil4care project. The key elements of each tool (objective, type, and target group) can be seen in the table 1b in the following page. In addition, this section includes a brief description of each tool.

The evaluation tools are generally presented with instructions followed by the quantitative or/and qualitative questions. During the pilot test, almost all the data was collected anonymously. For this reason and with the objective to give a uniform format to the tools, the demographic questions have been removed from those tools that originally had them.

But in case they want to be included, the following table 7 offers an example of several demographic questions that might be integrated in many of the 9 evaluation tools following presented.

Table 7. Example of demographic questions. Source: own elaboration.

DEMOGRAPHIC INFORMATION	
Name:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Profession:	
Country:	<input type="checkbox"/> Greece <input type="checkbox"/> Italy <input type="checkbox"/> Slovenia <input type="checkbox"/> Spain
Age:	<input type="checkbox"/> 20-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> +70
Residence:	<input type="checkbox"/> I live alone <input type="checkbox"/> I live only with my relative cared <input type="checkbox"/> I live with my family <input type="checkbox"/> I live with my family and my relative cared
Education	<input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> Tertiary Education
Relationship:	<input type="checkbox"/> Mother/Father <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Mother/Father-in-law <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other person
I am a Facebook user	<input type="checkbox"/> Yes <input type="checkbox"/> No

TABLE 1.b. Evaluation tools developed by Resil4care (PR4). Source: own evaluation.

Tool		Objective	Type	Target group
1	Training activity participants information.	To collect information about participants in a training activity. To adapt the training activity to needs and interests of the participants.	Questionnaire. Collecting mixed information.	Learners taking part in the training activity.
2	Training activity knowledge evaluation.	To assess the capacity of the training activity to achieve the goals set on the training activity.	Questionnaire. Likert Scale. Collecting quantitative information.	Learners taking part in the training activity.
3	Training activity satisfaction questionnaire.	Participants opinion of the training activity. To improve the final PR2.	Questionnaire. Likert scale and open questions. Collecting mixed information.	Learners taking part in the training activity.
4	Resilience questionnaire.	To assess the resilience improvement of participants taking part in the pilot test. (Facebook group).	Quantitative questionnaire. Likert scale.	Informal carers.
5	Competence evaluation questionnaire.	To assess the competences (digital, personal, social, and learning to learn) of participants taking part in the pilot test. (Facebook group)	Quantitative questionnaire. Likert scale.	Informal carers.
6	Satisfaction questionnaire.	Participants opinion of the Facebook group. To improve the final PR2.	Quantitative questionnaire. Likert scale.	Informal carers.
7	Focus groups template.	To strategically assess the validity of the Resil4care model (training activity + Facebook)	Qualitative questionnaire. Inspiring questions.	Coordinators of the pilot.
8	ICT dimensions of the platform. Satisfaction.	To assess the satisfaction of the learners of the training platform.	Questionnaire. Collecting mixed information.	Learners taking part in the platform learning activities (PR3).
9	Case study.	To explore and analysis 4 real settings to create a framework.	Open questions questionnaire	Coordinators of the pilots.

- **TOOL 1. TRAINING ACTIVITY PARTICIPANTS INFORMATION.**

This is a self-administered questionnaire to be completed by the learner participants in the physical activity. It is a mixed questionnaire including:

- a) personal questions (name, gender, age, profession, and country).
- b) open-ended questions (Motivations, relevance, and expectations of the training activity).
- c) closed-ended questions (type of care provided, relationship with the person cared and instrumental activities carried out by the carer).

Its objective is to collect information before the training activity (one week) to adapt the course as much as possible to the demands and expectations of the learners. In addition, it might be very useful to create, during the class workshops, homogeneous working groups.

TOOL 1	TRAINING ACTIVITY PARTICIPANTS INFORMATION	
Instructions:	This is a questionnaire whose main objective is to collect key information about you as participant in the training activity, as well as to adapt the training activity to your needs and interests.	
	YES	NO
Are you nowadays actively providing care for someone?:		
Did you actively provide care for someone in the past?:		
If you answered any of the above question yes, answer the following questions:		
Who do/did you care for?		
For how long?	_____ months/years	
<p>What kind of care do / did you provide:</p> <p>1. I help/helped with one or more activities of daily living:</p> <p><input type="checkbox"/> Grooming/personal hygiene <input type="checkbox"/> Transferring/ambulating <input type="checkbox"/> Toileting/continence</p> <p><input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Others</p> <p>2. I help/helped with one or more instrumental activities:</p> <p><input type="checkbox"/> Using of the phone (this includes answering and calling others)</p> <p><input type="checkbox"/> Shopping for groceries</p> <p><input type="checkbox"/> Planning</p> <p><input type="checkbox"/> Heating or serving meals</p> <p><input type="checkbox"/> Managing the medications (this includes refilling them when needed and taking them correctly)</p> <p><input type="checkbox"/> Cleaning of the house or apartment</p> <p><input type="checkbox"/> Getting around (for example driving around by car or accompanying by taxi or public transport)</p> <p><input type="checkbox"/> Managing the money and paying the bills</p>		
What motivates you to help (other) family carers?		
What do you think is most important working with (other) family carers?		
What would you like to learn in this course?		
What are your course expectations?		

TOOL 2. TRAINING ACTIVITY KNOWLEDGE EVALUATION TOOL

The objective of this tool is to assess to what extent, after the training course, the learners have acquired the knowledge goals established in the learning activities.

The tool 2 is a self-administered Likert questionnaire formed by 16 closed-ended questions divided into 5 separate thematic blocks:

- I. Erasmus,
- II. care,
- III. motivation,
- IV. social support,
- V. Facebook.

The items have been defined as theoretical learning outcomes which participants are expected to improve by taking part in the learning activity. The level of progress is assessed on a 5-point scale from 'Strongly disagree' to "Strongly agree".

The questionnaire is presented to be answered anonymously to ensure the generation of honest responses by the learner participants. Therefore, it must be conducted a group analysis to obtain the results. In case it is wanted to monitor the learning process of given person or a sub-group, the questionnaire can be completed by adding the demographic questions of table 7.

In order to reach its objective, it is highly recommended to pass this questionnaire twice: pre (before starting the training activity); and post (after finishing the learning activity).

TOOL 2		TRAINING ACTIVITY KNOWLEDGE EVALUATION				
Instructions:		The objective of this questionnaire is to assess to what extent, after the training course, your knowledge have improved.				
Please, tick the square to indicate how much you agree with the following sentences:		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I	1.	I have knowledge of Erasmus+ Program.				
	2.	I have knowledge of Erasmus+ Project.				
	3.	I have knowledge of the concept of resilience.				
II	4.	I am able to list 10 issues/worries family carers have.				
	5.	I am able to identify the stages of care.				
	6.	I have knowledge about the care provision.				
III	7.	I am motivated to help family carers.				
	8.	The exchange of experiences between people who are in same care situation can be useful to support family carers.				
	9.	Social media (Facebook, Viber, Tweeter...) can be useful to support family carers.				
	10.	I have knowledge and skills to support family carers.				
IV	11.	I am familiar with the use of Facebook.				
	12.	I can use Facebook.				
	13.	I know how to run Facebook group to support family carers.				
	14.	I know how to set up a Facebook group.				
	15.	I know how privacy and security works in social media.				
V	16.	I am familiar with the evaluation methodology of the project pilot test.				

TOOL 3. SATISFACTION QUESTIONNAIRE OF THE TRAINING ACTIVITY

This is another paper-questionnaire, created in order to know the satisfaction of the participants of the training course and collect their feedback for possible improvements in the future. This questionnaire should be completed after finishing the training activity.

It is formed by 2 sections. The first one includes 10 Likert scale items with scale from 'strongly disagree' to 'strongly agree'. The items explore the degree of satisfaction of elements such as organization, usability of the topics or clarity of the materials. The second section has 3 open questions to invite learners to express their general opinion about the training activity and how to improve it for future courses.

TOOL 3		TRAINING ACTIVITY SATISFACTION QUESTIONNAIRE				
Instructions:		The main objective of this questionnaire is to know your satisfaction as participant about the training course and collect your feedback for possible improvements in the future. This questionnaire should be completed after finishing the training activity.				
Please, tick the square to indicate how much you agree with the following sentences:		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1.	The course was well-organized.					
2.	Topics are useful to me.					
3.	Given contents were suitable for my level of knowledge.					
4.	Topics were easy to understand.					
5.	The time devoted to the practical lessons (working in groups and working with the Facebook) was adequate.					
6.	Topics were presented clearly.					
7.	The trainer encouraged active participation.					
8.	Materials were well prepared and sufficient.					
9.	I am satisfied with the training course.					
10.	The next steps and responsibilities after the training course are clear to me.					
Open questions						
What is your general impression on the training course?						
What would you like to include or learn in future training courses like this one?						
What are your suggestions for improvement of the course?						

TOOL 4. RESILIENCE QUESTIONNAIRE

The objective of this questionnaire is to assess how much an informal carer is aligned with the resilience concept specifically developed by Resil4care project.

This is a 16-item Likert questionnaire produced as a result of a quantitative research method carried out by the project for 5 months and explained in the section 2.4.3.1 of this document. The items refer to personal opinions related to the Resil4care construct of resilience; 10 items are positive oriented and 6 are negative (inverse).

Scoring instructions:

The items 1, 2, 4, 6, 7, 9, 11, 13, 14 and 16 have a positive orientation and score. The items 3, 5, 8, 10, 12 and 15 have an inverse value (negative).

For the positive items (1, 2, 4, 6, 7, 9, 11, 13, 14 and 16), the recommended score would be:

Strongly agree:	5 points.
Agree:	4 points.
Neither agree nor disagree:	3 points.
Disagree	2 points.
Strongly disagree:	1 point.

For the negative items (3, 5, 8, 10, 12 and 15), the score is inverse:

Strongly agree:	1 point.
Agree:	2 points.
Neither agree nor disagree:	3 points.
Disagree	4 points.
Strongly disagree:	5 points.

The higher sum of the total score, the more the person is theoretically assessed as “resilient” according to the construct of resilience defined by Resil4care project.

TOOL 4		RESILIENCE QUESTIONNAIRE				
Instructions:		The main objective of this questionnaire is to evaluate how aligned you are as an informal carer with the concept of resilience developed by the RESIL4CARE project.				
Please, tick the square to indicate how much you agree with the following sentences:		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1.	I solve problems if I invest the necessary effort.					
2.	I keep calm when facing with a problem.					
3.	I am worried about my future.					
4.	I can adapt to changes.					
5.	My social life could improve.					
6.	I have the ability to understand the needs of the person I care for.					
7.	I am a self confident person.					
8.	I lack of energy.					
9.	I find different solutions to a problem.					
10.	I feel overwhelmed by the concerns generated by taking care for a person.					
11.	I adapt to the demands of the person I care for.					
12.	Changes in the person I care for make me anxious.					
13.	I am proud of my achievements.					
14.	I accept the changes that occur in my life as a result of caring for another person.					
15.	My obligations as an informal carer decrease my quality of life.					
16.	I have the skills to perform the tasks of an informal carer.					

TOOL 5. COMPETENCE EVALUATION QUESTIONNAIRE

The objective of this questionnaire is to evaluate what competences and in which degree informal carers have acquired thanks to their participation in the Facebook group.

This is a 35-item Likert questionnaire produced as a result of a qualitative research method carried out by the project for 4 months and explained in the section 2.4.3.2 of this document.

The items are grouped in 7 types of competences. According to the Resil4care project, the following competences were considered with high relevance for the project:

- 4 competences from LifeComp Framework (Communication, Collaboration, Growth mindset and managing learning);
- 3 competences from the DigComp Framework (Communication and collaboration, digital content creation and Safety).

Having established the relevance of these 7 competences, the research started to collect information to end up with the 35 items (each per competence) forming the final questionnaire.

The 35 items are positive. Scoring instructions:

Strongly agree: 5 points.

Agree: 4 points.

Neither agree nor disagree: 3 points.

Disagree 2 points.

Strongly disagree: 1 point.

The higher sum of the total score, the more the person has theoretically improved their competences. The information can be analysed focusing only on a number given of competences.

TOOL 5		COMPETENCE EVALUATION QUESTIONNAIRE				
Instructions:		The main objective of this questionnaire is to evaluate your competences after participating on the Facebook group within the RESIL4CARE project.				
Please, tick the square to indicate how much you agree with the following sentences to the Facebook group.		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
COMMUNICATION: The use of relevant communication strategies, domain-specific codes and tools, depending on the context and content.						
1.	I manage interactions and conversation on the Facebook context.					
2.	I know the systems of rules (codes) that allows to communicate a message on Facebook.					
3.	I listen to others engaging in the group conversations.					
4.	I am able to say no in an assertive way to someone without making them feel bad.					
5.	I ask appropriately for information and clarifications without being intrusive.					
COLLABORATION: Engagement in group activity and teamwork acknowledging and respecting others.						
6.	I know the Facebook group rules and activities.					
7.	I share information and digital content with the other members of the Facebook group.					
8.	I construct respectful interactions with the other member of the Facebook group.					
9.	I feel entitled to express their own opinions constructively when it goes against the group.					
10.	I am aware that digital tools can create new opportunities for participation in society for vulnerable groups (example: elderly people, people with special needs)					
GROWTH MINDSET: The believe in one's and others' potential to continuously learn and progress.						
11.	I monitor my own learning process.					
12.	I believe on my own potential to improve.					
13.	I seek out challenges as an opportunity to help others.					
14.	I learnt strategies to take care of myself.					
15.	I am aware about the benefits of reinforcing my social network.					

MANAGING LEARNING: The planing organising, monitoring and reviewing of one's own learning.					
16.	I participate actively on the Facebook group activities and information posted by the group administrator.				
17.	I demonstrate an attitude of openness towards learning with and from others.				
18.	I apply appropriate strategies to achieve my own goals.				
19.	I reflect on the identification of possible learning process errors.				
20.	I recognise that what is learnt can be transferred and applied across different areas.				
COMMUNICATION AND COLABORATION: To interact, communicate and collaborate through digital technologies while being aware of cultural and generational diversity					
21.	I am able to manage one's feeling when texting with other people on the Facebook group.				
22.	I am aware that it is necessary to respect the rules within digital context.				
23.	I understand that it is important to respect the views of people on the Facebook groups with different cultural affiliations, backgrounds, beliefs, values, opinions, and personal circumstances.				
24.	I am aware of accessibility requirements when communicating in social media context so that communication is inclusive and accessible for all users as for example: people with intellectual disabilities, older people ...				
25.	I take into account keeping one's own and others' personal information private (example: vacations or birthday photos; religious or political comments).				
DIGITAL CONTENT CREATION: To improve and integrate information and content into an existing body of knowledge while understanding how copyright and licenses are to be applied.					
26.	I know how to select the appropriate format for digital content according to its purpose (uploading a document).				
27.	I am able to create something new from existing digital content (example: creating a new post).				
28.	I am able to identify and select digital content for downloading or uploading legally (example: download free of use images or content).				
29.	I choose the most appropriate rules that apply copyright and licenses to data, digital information, and content.				
30.	I know how to develop new ideas to the topic working with to support one's own ideas and opinions.				

SAFETY: To protect physical and psychological health, and to be aware of digital technologies for social well-being and social inclusion.					
31	I know that using different strong passwords for different online services are a way to mitigate the negative effects or an account being compromised.				
32	I know how to block a contact who is sending disturbing messages to the group.				
33	I know what strategies to use in order to control, manage or delete data that is collected by online social network (example: keeping track of services used, listing online accounts).				
34	I am able to detect scams.				
35	I know that Facebook can use my sensitive and personal information to use for commercial purposes				
In name of all Resil4care partners, we would like to thank you for your participation!					

TOOL 6. SATISFACCTION QUESTIONNAIRE

The objective of this evaluation tool is to collect information about the participants' opinion of several key elements of the Facebook group (information uploaded, improvement perception, general satisfaction...).

This is a 13-item Likert questionnaire. It provides 5 answers (from strongly disagree to strongly agree) where the respondents are asked to express how much they agree or disagree with each of the 13 statements.

TOOL 6		SATISFACTION QUESTIONNAIRE				
Instructions:		The main objective of this questionnaire is to evaluate your satisfaction with the RESIL4CARE Facebook grup.				
Please, tick the square to indicate how much you agree with the following sentences:		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1.	It was easy starting to use the Facebook group.					
2.	The information uploaded on the Facebook group has helped me.					
3.	The information uploaded on the Facebook group has been clear to me.					
4.	The information uploaded on the Facebook group has been interesting to me.					
5.	The Facebook group has improved my social network.					
6.	The Facebook group has improved my resilience (my capacity of adapting in the face of adversity).					
7.	The Facebook group has improved my skills to manage my frustration related to my role as a carer.					
8.	I am satisfied with my belonging to the Facebook group.					
9.	I am satisfied with my participation in the Facebook group.					
10.	I have been supported by the Facebook group members.					
11.	The Facebook group has met my expectations.					
12.	I will keep using the Facebook group when the Resil4care project finishes.					
13.	I would recommend this Facebook group to others.					
In name of all Resil4care partners, we would like to thank you for your participation!						

TOOL 7. FOCUS GROUP TEMPLATE

The objective of this focus group is to strategically assess the potential of the pilot test from the point of view of the facilitators, taking advantage that these professionals belong to the two most important management groups of the pilot test: the core group and the support group.

In this case, it was decided to carry on a SWOT analysis (Adeola et al, 2016). SWOT stands for strengths, weaknesses, opportunities, and threats. Although this technique is often used to plan organizational processes, there are many examples in literature where SWOT analysis has been used to evaluate concrete initiatives or projects within an organization such is the case of this pilot test.

What is following presented is the template that the participants in the focus group used to discuss and later to complete. It includes an inspiring example used to start the discussion. The conclusions obtained are showed later in this document (section 5.1. Partial conclusions).

TOOL 7	FOCUS GROUP TEMPLATE
Instructions:	The objective of this focus group is to strategically assess the potential of the pilot test from the point of view of the manager participants in the program, eliciting information of some topics of interest related to the strengths, weaknesses, opportunities, and threats of the program.

STRENGTHS	WEAKNESSES
What do we do extremely well compare to others?	What barriers we have encountered to implement the pilot test?
OPPORTUNITIES	THREATS
Is the number of users using this training methodology increasing?	Are there other digital training methodologies competing with the Resil4care approach?

TOOL 8. ICT DIMENSION OF THE PLATFORM. SATISFACTION

As it was mentioned previously in this document, Resil4care has produced two pedagogical resources which offer the theoretical needed support to the Resil4care educational approach: a) a training course manual (PR2); and b) ICT training toolkit (PR3).

The evaluation tool 8 has the objective to assess the satisfaction of the learners having used the ICT learning toolkit (PR3).

This is another paper-questionnaire, created in order to know the satisfaction of the participants about the use of the Resil4care training platform (PR3) and collect their feedback for possible improvements in the future. This questionnaire should be completed after finishing the training activity.

It is formed by 2 sections. The first one includes 17 Likert scale items with scale from 'strongly disagree' to 'strongly agree'. The items explore the degree of satisfaction of elements such as ethical issues, internal coherence, interface, instructions, the support group.... The second section has 2 open questions to invite learners to express the activity usefulness in their daily life and how to improve the course.

TOOL 8		ICT DIMENSIONS OF THE PLATFORM. SATISFACTION.				
Instructions:		Thanks for your recent participation in the Resil4care digital platform course. The project would be grateful if you could share a few minutes to complete the following 3 sets of questions to help us to improve the course in the future.				
Please, could you indicate how satisfied or dissatisfied are you with the Resil4care course?. Please, mark, according to your opinion, the more appropriate square.		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1.	The course considers the ethical issues: gender language, inclusive language, security, privacy, and confidentiality measures.					
2.	The instructions of the course are clear.					
3.	The learning platform has an easy-to-use interface.					
4.	The course contents have quality.					
5.	The different elements of the course have internal coherence.					
6.	The course has added value compared with a non-digital course.					
7.	I have achieved the set objectives.					
8.	The course has been difficult.					
9.	I am satisfied with what I have learnt in the course.					
10.	I have learned a lot.					
11.	I would recommend this course to other informal caregivers or professionals.					
12.	The section on Mindfulness' technique is interesting					
13.	Mindfulness technique can be useful and help me in my role as an informal carer.					
14.	I will continue to listen to Mindfulness audios in the future.					
15.	I think I will join my country's Resil4care support group on Facebook					
16.	I will join an online support group on Facebook					
17.	I will create an online support group on Facebook					
Finally, could you give to us your opinion about the two following open questions?						
What aspects of this course will be more useful for your daily life?						
How would you improve this course?						

Thanks for your information!

TOOL 9. CASE STUDIES

The last of the evaluation activities consists of the development of a descriptive national case study by each partner participating in the pilot test (Italy, Slovenia, Greece, and Spain).

The objective of these case studies is to enrich the final conclusions of this document (section 5.2) with information from real settings and help to create a project framework to facilitate the implementation of future projects and their evaluation.

What is included in the next page is the template that each organization filled out. The 4 case studies are fully described in the following section (3. Case studies).

TOOL 9. CASE STUDIES

TOOL 9	METHODOLOGY TO EVALUATE THE VALIDITY OF THE C ₁ AND PILOTS
Instructions:	<p>The main intention of the case study is to collect and analyse the information from the key contents of each Fb created by partners involved on running the Facebook group. Please, fill out as closely as you can about the asked information in each of the sections.</p> <p>In addition, to enrich the case study, you could add some pictures of carers meetings, and the most important/viewed posts or whatever other one you consider important to this part of the project.</p>

CASE STUDY TEMPLATE			
ORGANIZATION CHARACTERISTICS			
1. Name of the organisation			
2. Number of employees			
3. Number of clients/users			
4. Social object of the organization / relevant characteristics of the organization.			
5.	Please, provide as much information as possible about the types of target groups of the organization (informal carers, person interested in carer, participants in events...).		
FACEBOOK GROUP CHARACTERISTICS			
1. Number of participants		2. Number posts	
3. Number of comments		4. Number of reactions	
5. Visualisations			
6.	Number of informal carers, type/profile of informal carers participating in the Facebook group of RESIL4CARE project.		
7.	Please, describe the different ways by which you have connected to them.		

8.	How was it done the selection of the participants?
9.	Please, might you list and describe at least 4 of the most important topics? Please, consider those with more reactions/comment/visualizations of your national Facebook group
1.	
2.	
3.	
4.	
10.	Could you tell us why these topics are the most important, have more reactions, comments, or visualizations? Any other comments related to these topics are very welcome.
11.	Could you describe the most important positives aspects of your Facebook Group? What your organization has obtained from the development of this Facebook Group?
12.	Could you describe the most important barriers or difficulties?
13.	Can you describe the most important features of the meetings with the participants in C1? Working, number of meetings, place, objectives, issues deal, satisfaction...

14.	Can you describe an inspiring history (success example) of one of the group participants? Profile, problems to improve, skills learnt...
15.	Were other activities organised and carried out in the support group besides the sharing of posts (Facebook directories, face-to-face meetings ...)?
16.	What will be the future of the Facebook group? If and how will you continue to feed it?

3. Case studies (IAT, FRODIZO, ISRAA and IVASS)

The following pages are devoted to present an in-depth analysis of the 4 Facebook groups (case studies) developed by the partners at national level during a year:

- Slovenia (IAT): *"Family carers"*.
- Greece (FRODIZO): *"I care...for those who care"*.
- Italy (ISRAA): *"Let's hold hands"*.
- Spain (IVASS): *"To help those who care"*.

Each case is divided into 2 sections:

- **A case snapshot:** with a selected relevant activities and results of each national case.
- **The case study:** fully description of the national case containing the following sections:
 - A. Organization context.
 - B. Facebook group:
 1. Participants
 2. Group dynamization: topics and activities.
 3. An inspiring story.
 4. Facebook group management.
 5. Lessons learned.
 6. Looking ahead: sustainability.

The names and other private information have been changed in order to keep the privacy of the participants in the project.

3.1. SLOVENIAN CASE STUDY: Anton Trstenjak Institute of Gerontology and Intergenerational Relations.

OVERVIEW

Resil4Care Erasmus+ project aims to improve the resilience of informal carers through the use of Facebook Groups developed in 4 participant countries (Greece, Italy, Slovenia and Spain). The Resil4care Facebook groups are understood as an educational approach in which the support group (administrators) and participants (informal carers) share experiences, ask questions and face similar situations. The final objective is to overcome barriers and improve the participants' resilience.

THE ORGANIZATION

Anton Trstenjak Institute of Gerontology and Intergenerational Relations - IAT is a small-size Slovenian institution (10 employees) combining end-user practical work, volunteering, research, and consultancy in the fields of ageing, family and informal carers.

FACEBOOK GROUP

<https://www.facebook.com/groups/druzinskioskrbovalci>



PARTICIPANTS

Open Facebook group with no selection criteria to get access. It focuses on improving the visibility and recognition of family carers and people and organizations interested in this topic.

FACEBOOK GROUP MANAGEMENT

The Support Group have been meeting twice a month, (once physical, and once online). They share experiences using the methodology of "In-group social learning". The last part of the meetings is devoted to ICT empowerment.

AN INSPIRING STORY: "EMA"

Ema, who feels tired and without free time, is taking care of her husband at home. Thanks to a trip to Portugal, she realises that her husband is more independent than she thinks; and even he and their children can take more responsibilities than they were taking before the trip. The story is a clear necessity of selfcaring to face stressful necessities of the cared person.

RESULTS



Participants
501



Visualisations
150



Posts
125



Comments
81



Reactions
1.218

ACTIVITIES

The Facebook group is integrated into the organization in activities such as training or in dissemination materials for public events.

POSTS

- STORIES
- VIDEOS
- QUOTES
- PRACTICAL INFORMATION
- INVITATION
- SHARED POST

KEY TOPIC

Dementia is recognized as one of the most important topic. Information about how to help or communicate with a relative with dementia is frequently requested by family carers.



LESSONS LEARNED

High transferability potential.
Useful tool to identify carers needs.
Cooperation of the group members.



LOOKING AHEAD SUSTAINABILITY

To keep 2 post per week with information.
To improve the participants interaction.
To cooperate with other organizations.

Facebook group title: Family carers.

A. CONTEXT: THE ORGANIZATION (IAT)

Anton Trstenjak Institute of Gerontology and Intergenerational Relations is a Slovenian national scientific, research, expert, and end–user institution within gerontology and good intergenerational relations field. It was founded in 1992. The principles of the work on Anton Trstenjak Institute are Interdisciplinarity, link between practice and theory, Intersectoral cooperation, decentralisation, and international cooperation.

Figure 5. Anton Trstenjak Institute. Source: <https://www.inst-antonatrstenjaka.si/eng/institut.asp>



Through action projects and programs, the Institute introduced new systems of self-support, developed a new group method called **In-group social learning method**. With the aim of reducing social isolation and with the hope of nurturing personal growth towards quality ageing, the Institute developed a national network of more than **500 volunteers** and in hope of uniting the voice of informal carers started Slovenian network of informal carers. It's work with communities includes coordination of Slovenian network of age friendly cities and communities under WHO program; the methodology and work were further developed in the recent three years as part of the TAAFE, Interreg project. Finally, the Institute works with the companies, recognizing the need of educated management and workers in time of ageing workforce. All the areas of the Institutes' work include a research component.

With a combination of practical work, research and consultancy on national and local level, the Institute has acquired reputation of a top-level institution in the field of ageing in Slovenia. It has organised many national and international events, seminars, and congresses, among which are also the first visit of Victor Frankl's to Slovenia in 1992 with the seminar on logotherapy and meaning.

During the international year of the family, in 1994, it has organised a sequence of expert meetings and symposiums on the topic of family. IAT was in charge of organizing the international conference Intergenerational solidarity and ageing, the final event of the European year for active ageing and solidarity between generations in 2012, which took place in Slovenia. Among bigger events, it was also carried out the first national conference about informal care in Slovenia, that was prepared in cooperation with the Ministry of Health and took place in the congress centre Brdo in 2018.

Small-size top-level Slovenian institution combining end-user practical work, volunteering, research, and consultancy in the fields of ageing, family, and informal carers.

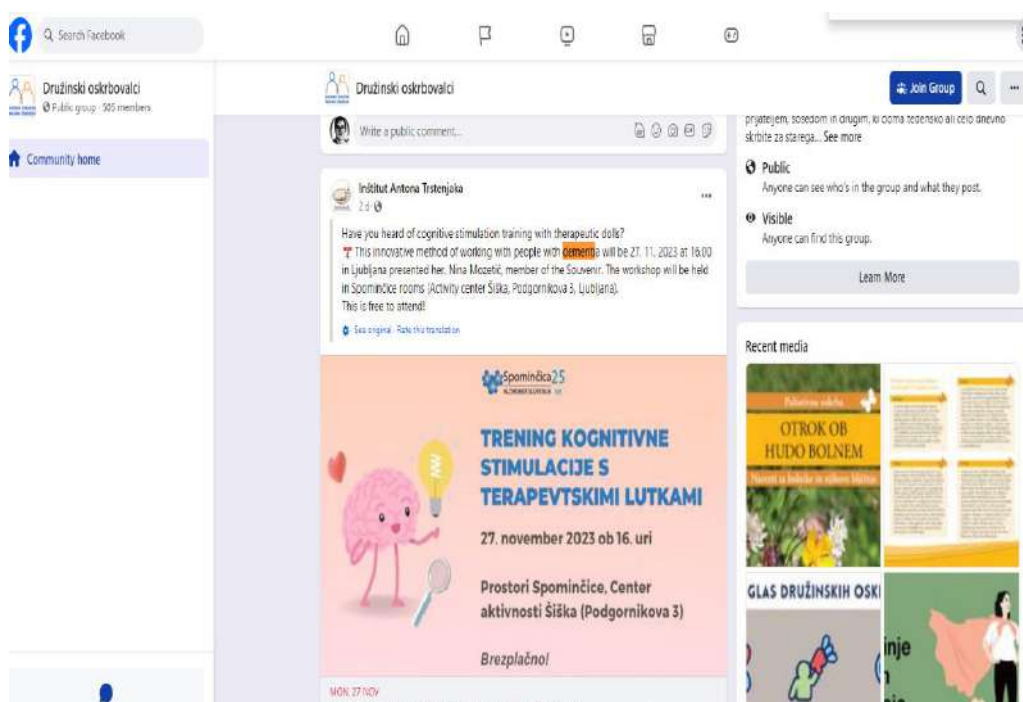
The Institute is also an expert publisher of scientific literature, reviews, and books, among which is the only Slovenian scientific journal in the field of ageing named 'Good quality of Old Age'.

Anton Trstenjak Institute of Gerontology and Intergenerational Relations works with a wide variety of target groups, especially with older people, volunteers and quality ageing groups, and family carers, with whom we are also connected through various trainings, lectures, support groups and other activities. The Institute's work is also strongly embedded in many local environments across Slovenia, where it works in the framework of age-friendly cities and municipalities (established Network of age-friendly communities in Slovenia).

A. SLOVENIAN FACEBOOK GROUP

SLOVENIAN FACEBOOK GROUP FIGURES					
Number of participants	501	Number of posts	125	Visualisations	150
Number of reactions	1.218	Number of comments			81

Figure 6. Slovenian Facebook group. Source: <https://www.facebook.com/groups/druzinskioskrbovalci>



1. Facebook group: participants

SLOVENIAN FACEBOOK GROUP PARTICIPANTS PROFILE (Estimation from respondents of tool 4)					
Women	96.3%	Providing care to parents	44,4%	Age between 41-60	59,2%
Facebook users	100%	Living with the cared person	44,4%	Secondary education	37%
				Tertiary education	63%

This is an open Facebook group, with no specific selection criteria to get access. Its objectives are:

- to create an accessible group for everyone interested in the topic, as the issue of family carers is still very poorly recognised in Slovenia;
- to achieve a higher level of visibility of family carers in Slovenia with the help of the FB group.

Open Facebook group with no selection criteria to get access. It focuses on improving the visibility and recognition of family carers and people and organizations interested in this topic.

The members of the Slovenian group are **family and formal carers, members of organisations related to care and caregiving and everyone who is interested in these topics**. But, as the Slovenian group has open access, it is difficult to know for certain the number profile of the participants.

When participants get access to the group are informed of the rules set by the facilitators (support group). The description of the group also clearly states the group objectives and what information they can expect within the group. Members are also reminded about maintaining privacy and the possibility of anonymous posts or messages.

It should also be highlighted that the Facebook group is substantially integrated into different work areas of the organization. For example:

- it is introduced to learners of several training activities for family and other informal caregivers;
- it is presented in all information materials for family carers at events, trainings, awareness days, etc.

- it is presented to individuals who contact IAT for help and advice via the Family Carers Helpline.

The Facebook group is integrated into the organization through activities such as training or in dissemination materials for public events.

2. Group dynamization: topics/activities posted and participants interaction.

The most important topics and activities posted in the Slovenian group to arouse members participation are:

1. **STORIES** (personal experiences). Stories from family carers, describing many of the challenges faced by family carers and the positive experiences of dealing with these challenges.
2. **DEMENTIA**. This topic has been very relevant lately -during our physical training activities for family caregivers; and through the reactions to the posts-.

Dementia is recognized as one of the most important topics. Information about how to help or communicate with a relative with dementia is frequently requested by family carers.

The videos from the American University UCLA (via Alzheimer's and Dementia Care Program) that presented common challenges faced by family carers of relatives with dementia, are very well received by the Slovenian group. These videos are translated and adapted to become into FB posts with Slovenian translations. They have been later used in the other 3 Resil4Care Facebook Groups.

Figure 7. Slovenian post using UCLA's videos. Source: <https://www.facebook.com/groups/druzinskioskrbovalci>

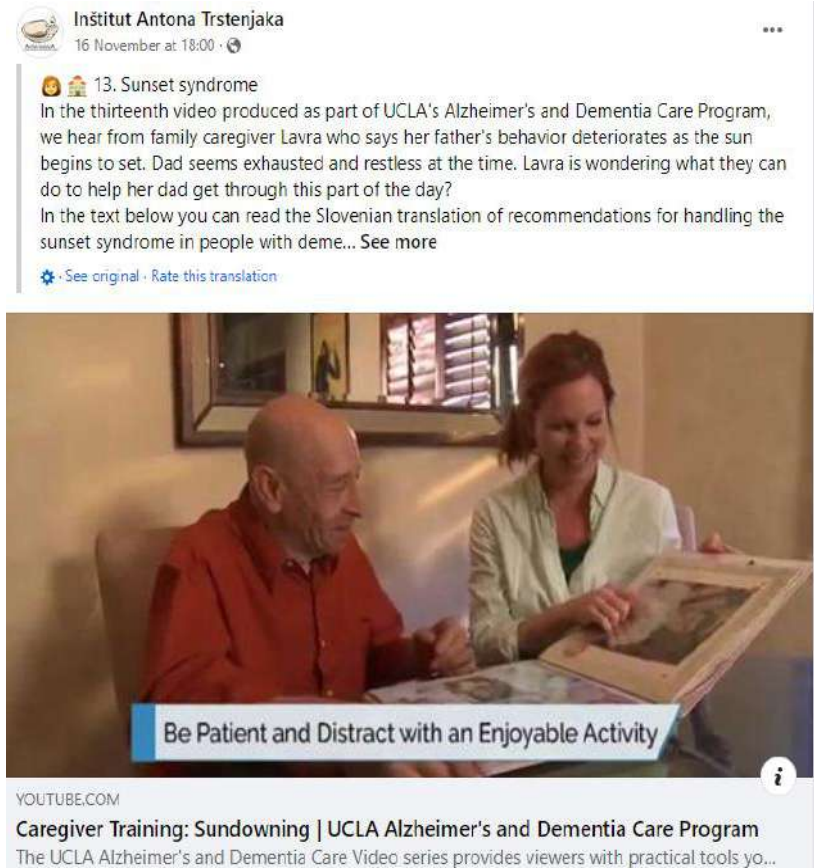
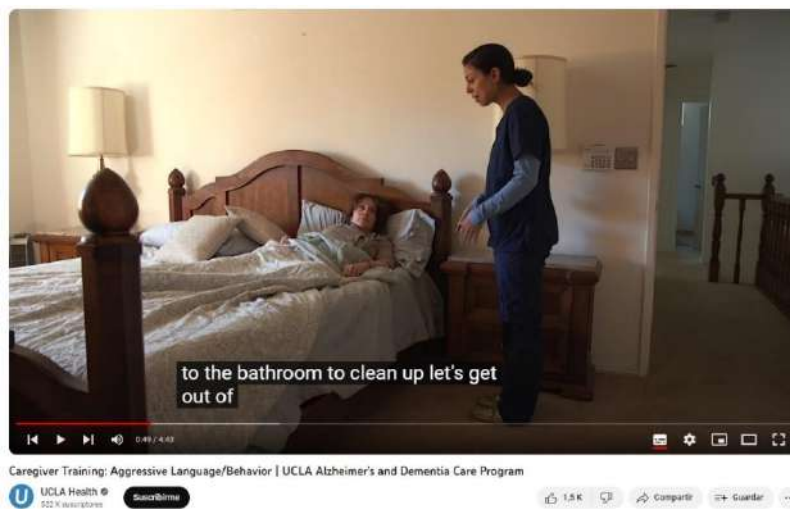
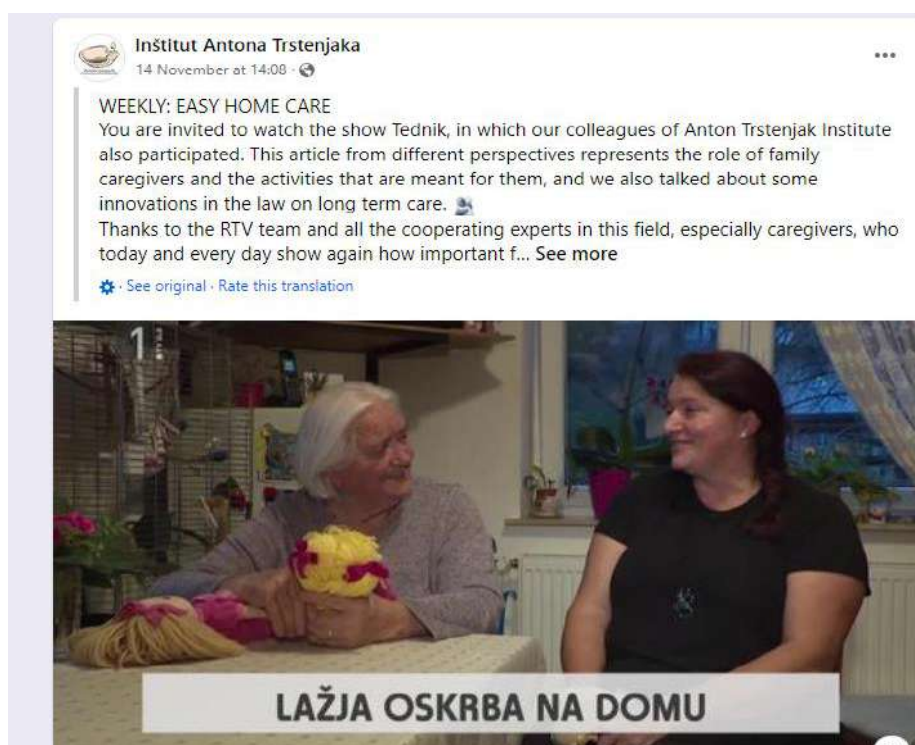


Figure 8. One example of the dementia videos. Source: UCLA Alzheimer's and Dementia Care Program.



3. **QUOTES.** The nice life, love, care and other thoughts and quotes were very well received in the group, and people often shared them on their profiles.
4. **PRACTICAL INFORMATION.** Clear explanations of specific health/care challenges, presentations of technical aids, demonstrations of methods for talking to people with dementia, etc.
5. **INVITATIONS.** IAT shares invitations within the group, both to events and to those of other organisations that have organised events that might be of interest to family carers -from lectures on dementia, dying and other topics, to art workshops, etc-.

Figure 9. Invitation to watch a show. Source:
<https://www.facebook.com/groups/druzinskioskrbovalci>



It is also noticeable that the group members of the Facebook group like well-designed visuals (pictures, infographics, and other materials), as those posts get a lot of reactions. Positive messages and photographs are in the foreground.

Figure 10. Picture posted on the Slovenian Facebook group. Source: <https://www.facebook.com/photo/?fbid=1536949493505947&set=g.1640306069605191>.



In addition, members participate with reactions (likes and others), comments and (anonymous) posts. The support group is also available to them via a private message on Facebook. To greater cooperation, a survey was once conducted in which the group members could mark topics that they would like to see represented more often in the group.

3. Two inspiring stories: Ema and the senior members.

Ema takes care of her husband at home, who is in the phase of rehabilitation after a stroke. She is heavily involved in the care, helping her husband in all activities. Ema has said several times (also in the meetings) that she is very tired and simply cannot find time for herself. However, Ema somehow could not or did not know how to leave care to other family members. One of the ways to take care of herself is running -when she could afford those 15-30 minutes of running during the week, she felt much better-. At one of the last meetings, Ema said that she had taken a trip to Portugal, where she took part in a marathon with her friends. Ema said that it was very difficult for her to leave home because she had to leave caregiving for her husband in the hands of her children. Even though she talked to her husband on the phone every day during the trip, Ema is still worried about how they would manage without her. When she returned home after 10 days, she was surprised to find that they were able to do it. Not only that, but the husband was also much more independent than before, when she took care of everything. The children could not be with him all the time and so he had to adjust his behaviour; and also help himself. Ema said that this was an excellent lesson and that she

now expects more from her husband (thus helping him and his recovery), while also taking time for herself without worrying about her caregiving duties.

In addition, the leader of the group is also very proud and can describe as a success example the willingness of all the senior members of the group to start using Facebook. Usually, the elderly are not enthusiastic about (technological) changes and it is difficult to convince them to use new technological solutions, especially those intended for socializing (older people still much prefer face-to-face communication). It is therefore a great success that the members of the group started using the Facebook platform. At each meeting, they tell the group which posts they noticed, what they read, what they listened to, what they liked, and they also give their suggestions for various future Facebook posts. One of the members was particularly impressed by the Facebook platform and often posts photos of nature, family, etc. herself.

4. Facebook group management (support group)

The support group has been meeting twice a month - once physical in our Institute and once online via the Zoom platform-. The meeting usually starts with a talk, sharing experiences from the last time the group met. At this point, the group leader recognizes if another topic should come to the front. If a member of the group has a hard time and want to talk about it or he brings up another important topic, it is addressed that first. Together, the group shares good or bad experiences that are solved in a positive way. It is used the **"In-group social learning method"**.

Social learning: people learn from their observations of individuals or models... the environment and one's behavior cause each other (Bandura, 1977).

In the next steps of the meeting, the group focus on filling out the worksheets. Through a variety of topics, the group talk about our past experiences with care (three members of the group), current experiences with care (one member of the group) and about care from a professional perspective (group leader). Each "homework" on the worksheet is the starting point for new Facebook posts on that topic.

The last part of the meeting is usually dedicated to ICT empowerment. All members of the group are elderly women who did not have Facebook before the start of the project and either did not often use a computer or smartphone. This is exactly why this is a very important part of the support group meetings. Through conversation, the support group talk about the positive and negative aspects of social networks, we talk a lot about the safety and usability of these platforms. An important part is devoted to practice -together different apps are downloaded to their phones and for example set up profiles on Facebook-. Now the leader of the group remains available to other members for various questions and dilemmas that arise when using Facebook and other smartphone applications.

5. Lessons learned.

Transferability potential: This Facebook group has served as model to establish another channel where family caregivers can get different information and support.

This Facebook group might serve as a tool of continuous identification of the needs of family carers.

The support group is considered a very useful tool to manage the Facebook. Its meetings are very important, among other things, to find new ideas for posts.

The biggest challenge is still the cooperation of the group members. Members of the group mostly only interact with reactions (likes), and rarely with comments. It is essential to keep researching how to get a higher cooperation/interaction from participants, with some own FB posts, questions, etc., respecting, at the same time, the desire for privacy of some of the participants.

6. Looking ahead: sustainability.

It is planned to keep the Facebook group "Družinski oskrbovalci" and continue with the current work plan: at least 2 posts per week with diverse and practical content from the following sections:

- educational and informative content,
- stories of personal experiences,
- self-care topics,
- cultural content,
- topics related to the satisfaction of the person cared-for.

In the coming months, one of the main focuses of the FB group will be the new Slovenian act on long-term care, where among the first changes to be implemented are precisely those that most concern family caregivers.

Future: to keep 2 post per weeks with diverse information, improve the participants interaction, and cooperate with other organizations.

Finally, the support group would also like to cooperate to a greater extent with other organizations (mutual sharing of FB posts, activities, events), and in this way expand our main mission - to raise awareness and information about family caregivers and in this way also provide them with additional support.

3.2. GREEK CASE STUDY: Corporation for Succor and Care of Elderly and Disabled-FRODIZO

OVERVIEW

Resil4Care Erasmus+ project aims to improve the resilience of informal carers through the use of Facebook Groups developed in 4 participant countries (Greece, Italy, Slovenia and Spain). The Resil4care Facebook groups are understood as an educational approach in which the support group (administrators) and participants (informal carers) share experiences, ask questions and face similar situations. The final objective is to overcome barriers and improve the participants' resilience.

THE ORGANIZATION

Corporation for Succor and Care of Elderly and Disabled - **FRODIZO** is a small-size non-profit organization (20 employees and volunteers) offering support to elderly persons and people with dementia and Alzheimer disease and their families.

FACEBOOK GROUP

PARTICIPANTS

Private and visible Facebook group specialized in the topic of dementia. It is formed mainly by people who are or were informal carers. Most of them are children of persons with dementia as well as partners and friends.

FACEBOOK GROUP MANAGEMENT

The 2 young carers and the 2 facilitators, who form the support group, meet twice a month to talk about issues that take place in relation to the care provided, catch up with news about the individuals life.

AN INSPIRING STORY: "SOFIA"

Sofia is struggling to balance the care she provides for her parents and her role as a mother. Some support group talks have made her to realise that being helped by a professional will let her to have more time for children, experiencing less estressed and inner conflict. Now, Sofia understands the value of taking a step back, acknowledging that asking for help when needed is an important life skill.

RESULTS



Participants
193



Visualisations
20



Posts
45



Comments
12



Reactions
329

<https://www.facebook.com/groups/frodizoosousfrodizoun>



ACTIVITIES

The Facebook Group suggested services tailored for carers (seminars, computer-based psychoeducation groups, etc.) and posted information material for carers.

POSTS

- STORIES
- VIDEOS
- QUOTES
- PRACTICAL INFORMATION
- INVITATION
- SHARED POST

KEY TOPIC

The specific posts related to Alzheimer and "The Dementia National campaign" are very well considered by participants.



LESSONS LEARNED

The Facebook group is a useful tool to create an online community. Informal carers see the Facebook group as a digital space to share concerns; and to engage in interactions with peers.



LOOKING AHEAD SUSTAINABILITY

FRODIZO is very satisfied with the Facebook group. It will rearrange some organizational resources to keep in operation the Facebook group.

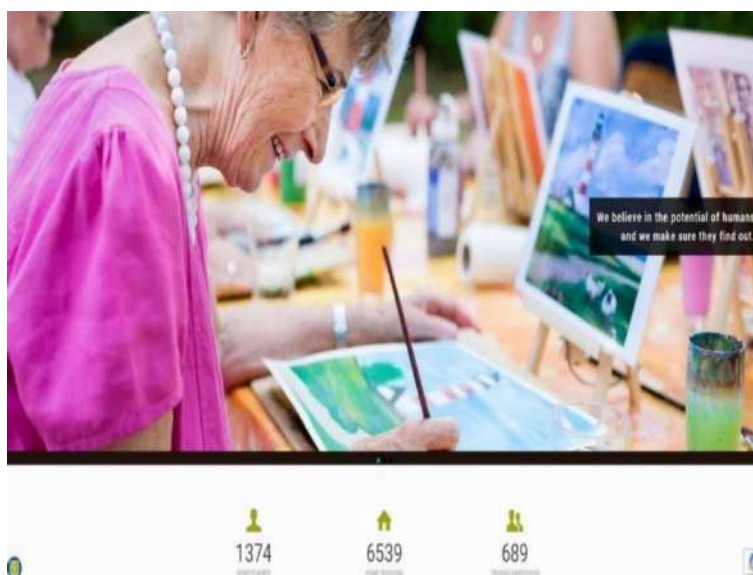
Facebook group title: I care...for those who care.

A. CONTEXT: THE ORGANIZATION (FRODIZO)

FRODIZO is a non-profit organization established in Patras in 2009 with volunteers from the health and social care sector, promoting rights and general support for elderly people, people with dementia and Alzheimer's disease and their families. FRODIZO is a member of the Hellenic Federation of Alzheimer's Disease and Related Disorders and the Association of Social Entities "Solidarity Pillars-Kostis Stefanopoulos".

FRODIZO: small-size Greek organization (20 employees) offering support to elderly persons and people with dementia and Alzheimer disease.

Figure 11. FRODIZO's web site. Source: <https://frodizo.gr/en/home/>



FRODIZO's target groups are formed by individuals with Dementia or Mild Cognitive Impairment as well as their family caregivers. Additionally, through active educational activities (seminars, participation in conferences and local events) FRODIZO comes into contact with other healthcare professionals such as psychologists, social workers, nurses, and physiotherapists.

B. GREEK FACEBOOK GROUP

GREEK FACEBOOK GROUP FIGURES					
Number of participants	193	Number of posts	45	Visualisations	20
Number of reactions	329	Number of comments			12

Figure 12. Greek Facebook group. Source: <https://www.facebook.com/groups/frodizoosousfrodizoun>



1. Facebook group: participants

GREEK FACEBOOK GROUP PARTICIPANTS PROFILE (Estimation from respondents of tool 4)					
Women	78.8%	Providing care to parents	63%	Age between 41-60	71,9%
Facebook users	88.8%	Living with the cared person	15,7	Secondary education	33,7%
				Tertiary education	61,8%

The invitation to join our group was **posted on caregiver groups on social media**. It was also contacted caregivers from FRODIZO through email, and finally we checked the requests and asked why someone would want to join the group and subsequently accepted it.

On average 2 thirds of the participants are or were informal carers. Most of them are children of persons with Dementia as well as partners and friends. However, it is difficult to know the exact number of the informal caregivers in our Facebook group.

Private and visible Facebook group specialized in the topic of dementia. It is formed mainly by informal carers.

To best understand the needs of Greek participants, the support group started by providing them with an anonymous form concerning their different needs, expectations, and their opinions regarding the content of the Facebook group. Ever since, the support group have been creating a diverse set of posts ranging from educational resources and emotional support for carers, videos created by our team that target issues that arise during informal care as well as news that relate to our activities at FRODIZO.

2. Group dynamization: topics/activities posted and participants interaction.

The most important topics and activities posted in the Greek group to arouse members participation are:

- **Dementia.** Articles written by professionals that relate to issues arising during the informal care. For instance, one article might suggest ways to keep the interests of people with dementia active. Another topic might propose ways to help dementia patients to cope with the change of time as autumn starts. Overall, articles that give easy to follow ideas and are written by professionals in the field have seemed to be interesting to our participants. One example was a post with the 12 Dementia risk factors originating from the Alzheimer’s Disease International (see figure13).

Figure 13. 12 dementia factors. Source: Livingstong et al., (2020)

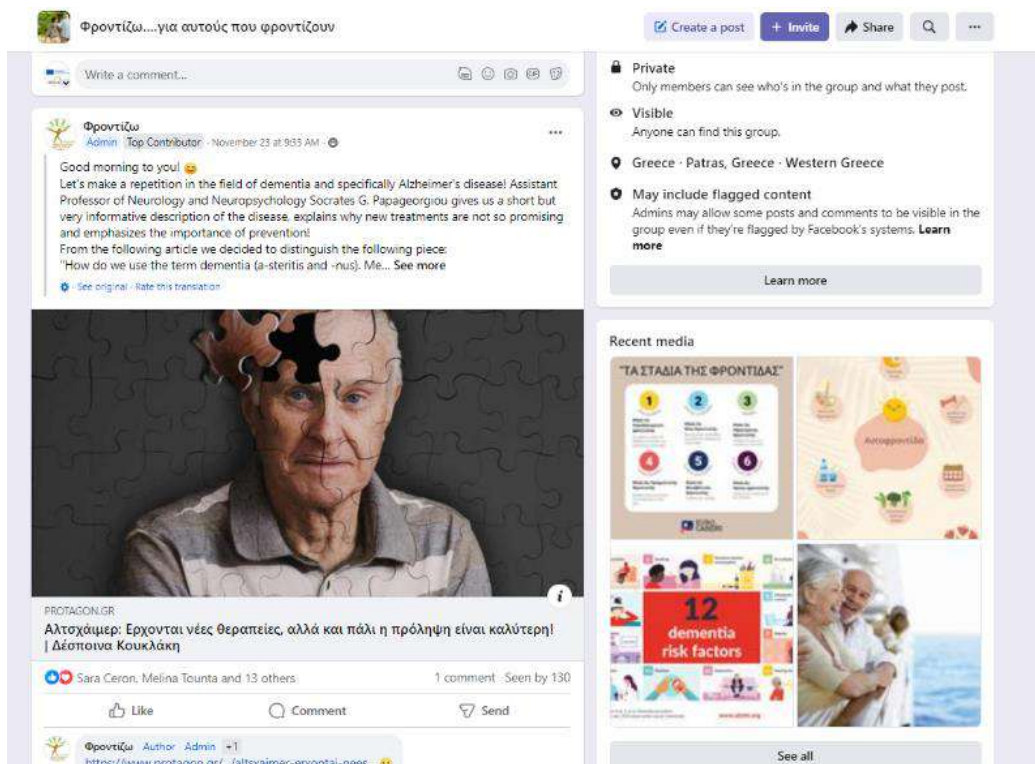


Source: Livingston et al. A, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission

www.alzint.org



Figure 14. Article of dementia. Source:
<https://www.facebook.com/groups/frodizoosousfrodizou>

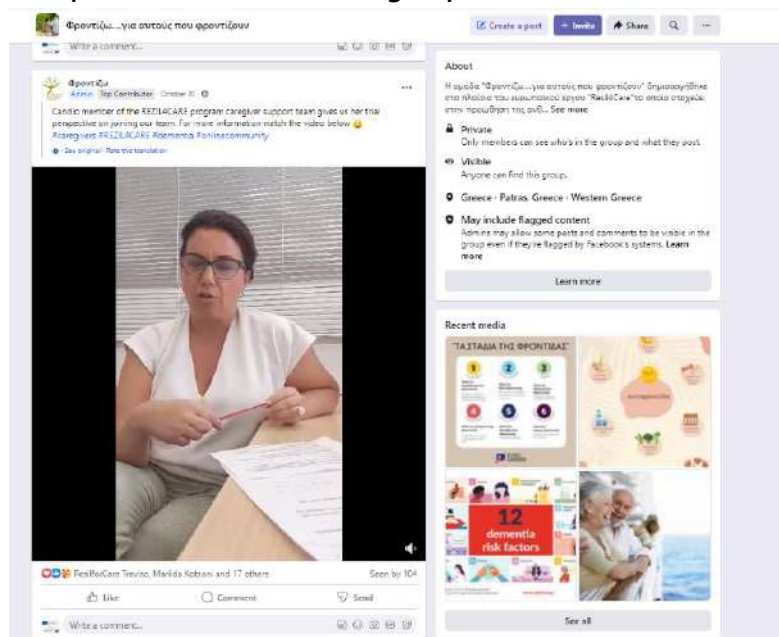


- **Alzheimer.** Posts related to the World Alzheimer’s Month. September is internationally dedicated to Alzheimer’s Disease. Hence, the support group have designed posts concerning the national campaign of Alzheimer’s Disease International.

The specific posts related to Alzheimer and “The Dementia National campaign” are very well considered by participants.

- **Experiences.** Videos created by the support group. For example, it was shared a video with one of the members of support group sharing her experience and feelings related to her participation. In addition, educational videos that showcase hygiene instructions.

Figure 15. Video of member of the support group. Source: <https://www.facebook.com/groups/frodizoosousfrodizou>



- **Sleeping problems and behavioural challenges.** The support group has also posted videos from UCLA that address diverse topics from sleeping problems in people with Dementia to behavioural challenges.
- **Psychological burden.** Finally, it has been shared videos from seminars and trainings that FRODIZO has organised with topics such as the psychological burden of informal caregivers.
- **Resilience.** Images/Visuals with positive and supportive content. Visuals that targeted resilience or offered positive messages of self-care were well-regarded among our participants.

In addition, the Facebook Group **has suggested services within our association specifically tailored for carers** (seminars, computer-based psychoeducation groups, etc.) and it posted information material for carers. Since the carers were from different regions, it was not able to perform in-person meetings, still it is something the support group is planning.

3. An inspiring story: Sofia.

Sofia is one of the members of the Greek support group. She is struggling a lot finding a balance between the care she provided for her parents and her role as a mother. Sofia feels guilty for not spending so much time with her children while she is working full time and is the only carer of her

parents. Sofia denies external help and she feels that no one can provide the support she does to her parents. Through a series of talks focusing on shifting her perspective and guiding her towards a state where she no longer felt guilty, Sofia is managing to see that she has no choice but to trust a professional caregiver for her parents while she is still supervising the process. In this way, Sofia will have more time for her children, and she will experience less stress and inner conflict. This process helps to understand the value of taking a step back and acknowledging that asking for help when one is need is an important life skill.

4. Facebook group management (support group)

In addition of the FRODIZO professionals, the Greek support group is formed by two young carers, hence they had young children, an active work schedule on top of the care they provided for their loved ones.

The support group meet usually once a month and sometimes twice if time and other responsibilities allow the group to. The main objective of the meetings is to talk about issues that take place in relation to the care provided, catch up with news about the individuals life and subsequently focus on the assigned worksheet of each month. During the meetings, the group usually focus on the worksheets created from our Slovenian partners. However, sometimes when there is a specific issue to be discussed or a challenge to be addressed, the group focus more on these rather than the worksheets.

The 2 young carers of the support group, by managing the Facebook group, feel more prepared in completing their role as informal carers.

One of the issues that arose within this group was that the caregivers were not always available for our meetings, due to lack of time or other responsibilities. Unfortunately, the multiple responsibilities of informal carers did not allow the support group to meet as regularly as it would have preferred to.

5. Lessons learned.

The Facebook group is a **useful tool for informal carers to create an online community**. They consider it as a place to share common challenges and concerns; and to be “closer” to other informal carers; and to engage in fruitful conversations and interactions.

Informal carers see the Facebook group as a digital space to share concerns; and to engage in interactions with peers.

The informal carers share that this experience is helping them with their role as a carer while also giving them tools to feel more “seen” and prioritize their mental and physical well-being. They have shared that lots of aspects of care were not as clear before their engagement with the group and that after some time they feel more prepared in completing their role as informal carers.

For organizations such as FRODIZO, it gives the opportunity to increase its online presence; to share educational resources that have been created from our team and increase awareness of important topics within informal care.

In addition, having worked with this Facebook group has specifically given to the support group a place to come closer to the needs and concerns faced by carers and transfer this set of knowledge to our in-person family carers.

One of the most significant challenges is the consistency of posts and the creation of content. It is not always feasible to keep a steady flow of posts and content. Another challenge might relate to keeping the group’s interest on the page. This needs lots of effort since participants can easily get bored with online pages when the content does not feel relevant anymore or when they do not feel connected with the online community.

6. Looking ahead: sustainability.

Greek support group and FRODIZO are very satisfied with the Facebook group results and are willing to continue working on it. For this, it will be needed, after finishing the project, to rearrange some organizational resources to assure the availability of, at least, one professional to manage the Facebook group, and to create and post relevant content.

3.3. ITALIAN CASE STUDY: Istituto per Servizi di Ricovero e Assistenza agli Anziani - ISRAA

OVERVIEW

Resil4Care Erasmus+ project aims to improve the resilience of informal carers through the use of Facebook Groups developed in 4 participant countries (Greece, Italy, Slovenia and Spain). The Resil4care Facebook groups are understood as an educational approach in which the support group (administrators) and participants (informal carers) share experiences, ask questions and face similar situations. The final objective is to overcome barriers and improve the participants' resilience.

THE ORGANIZATION

Istituto per Servizi di Ricovero e Assistenza agli Anziani - ISRAA is a large Italian public organization (700 employees). It is a provider with knowledge and experience in assisting people with Alzheimer and Dementia to remain independent.

FACEBOOK GROUP

<https://www.facebook.com/groups/teniamocipermanotreviso>



PARTICIPANTS

Private and visible group formed mainly by informal carers providing support to elderly people with Alzheimer and Dementia.

FACEBOOK GROUP MANAGEMENT

The support group is formed by 5 women: 3 informal carers and 2 facilitators. During the support group meetings, it is discussed what content and events would be published. In addition, the support group is a key tool to forge closer links and relation among the participants.

AN INSPIRING STORY: "PAOLA"

Paola who lives in a residence felt alone due to having move to a different neighbourhood. She joined the group in an active way participating in the face-to-face meetings. Her dynamic role has helped her to feel more involved and to establish new relationships.

RESULTS



Participants
137



Visualisations
3.290



Posts
46



Comments
53



Reactions
410

ACTIVITIES

Flyers and posters have been distributed. Carers were invited to participate in the group. 2 in-presence events were organized.

SECTIONS

This Facebook group has worked topics and posts creating 3 sections:

- CULTURE CARE: events.
- SIGNIFICATI: poems, photographs, books, and films.
- TI RACCONTO: stories.

KEY SECTION

Ti racconto is the section that has gathered most comments and exchanges of interactions.



LESSONS LEARNED

Useful network tool to communicate and share experiences among carers. It is a path to give voice to informal carers. It is needed to explore how to trigger the members participation and interaction.



LOOKING AHEAD SUSTAINABILITY

The objective will be to keep the group alive, developing new contents, but also trying to expand it in other ways than only online.

Facebook group title: Let's hold hands.

A. CONTEXT: THE ORGANIZATION (ISRAA)

ISRAA is an Italian public senior care provider based in Treviso with knowledge and experience in assisting seniors to remain independent, by promoting positive feelings in an age-friendly environment.

ISRAA is specialised in:

- providing support to people with Alzheimer and dementia;
- research and actions on Age-Friendly environments, assistive technologies, and the therapeutic function of art.

Figure 16. ISRAA website. Source: <https://www.israa.it/>



The main target group of ISRAA is elderly people. In fact, the organisation cares for 600 elderly people with dementia in home care, 850 residents in 4 older people's homes, 2 day centres completely dedicated to elderly people with dementia of different types and levels. In addition, ISRAA also provides 32 flats for independent elderly people.

In addition to the elderly, ISRAA also supports informal caregivers with the help of various professionals and the Dementia Specialist Centre, which offers psychological support meetings in the home of family members.

ISRAA: Large Italian organization (700 employees) researching and offering support to people with Alzheimer and Dementia to remain independent.

Since 2013, through European projects, ISRAA involves the citizens of Treviso in its different initiatives. The 10 professionals working in its European projects office have different backgrounds and, depending on their knowledge, they are responsible for projects with different topics.

Figure 17. Residence G. Menegazzi. Source: <https://www.israa.it/le-residenze/menegazzi>



ISRAA
Istituto per Servizi di Ricovero e Assistenza agli Anziani
Ricordi di ieri, gesti di oggi.

Home **Le Residenze** I Servizi Territoriali Sostienici Contatti

RESIDENZA "G. MENEGAZZI"

Attività
Dove siamo

RESIDENZA G. MENEGAZZI

l'Istituto ospita 244 anziani non autosufficienti residenti in nuclei abitativi differenziati per tipologia omogenea, ovvero aggregati sulla base di problematiche tendenzialmente analoghe.

Sul piano assistenziale, il principale obiettivo è quello di offrire quotidianamente un sostegno umano e qualificato a coloro che non possiedono più la completa autonomia funzionale, nel rispetto della dignità della persona. Un'equipe multi professionale opera quotidianamente in modo integrato e coordinato con la finalità di avere una visione unitaria di ogni singola persona e di lavorare

per il suo benessere fisico, psicologico e sociale.

Dal punto di vista ambientale ed assistenziale, l'intento è di creare un'atmosfera accogliente, serena e familiare che riconosca dignità e significato alla persona ospitata. Il fine è quello di migliorare la qualità di

ISRAA most important stakeholders are: elderly people, professionals, municipality, informal carers and volunteers, some of them involved in European initiatives.

In conclusion, since 2017, ISRAA has been providing home care to adults and the elderly (300) on behalf of the Municipality of Treviso and those with dementia disease on behalf of ULSS2 Health Local Unit (700). ISRAA has also worked on volunteering at a local level by building an alliance with the main organisations representing the voluntary sector in Treviso in collaboration with the Municipality and its policy makers.

B. ITALIAN FACEBOOK GROUP

ITALIAN FACEBOOK GROUP FIGURES					
Number of participants	127	Number of posts	46	Visualisations	3.290
Number of reactions	410	Number of comments			53

Figure 18. Italian Facebook group. Source:
<https://www.facebook.com/groups/teniamocipermanotreviso>



1. Facebook group: participants

ITALIAN FACEBOOK GROUP PARTICIPANTS PROFILE (Estimation from respondents of tool 4)					
Women	78,3%	Providing care to parents	81%	Age between 41-60	52,1%
Facebook users	87%	Living with the cared person	13%	Secondary education	56,5%
				Tertiary education	34,8%

The 'Teniamoci per Mano' is a private and visible Facebook group formed currently by 127 members. Many of the participants are informal carers of older people ISRAA residents while others are from outside the organisation. There are also professionals who are interested in understanding how this type of intervention works.

The only requirement to belong to this pilot test is to ask to join the Facebook group. Many of the participants, when asking to join the group, they already knew its nature, though.

Private and visible group formed mainly by informal carers providing support to elderly people with Alzheimer and Dementia.

to

To achieve the 127 members the support group has implemented different types of dissemination activities:

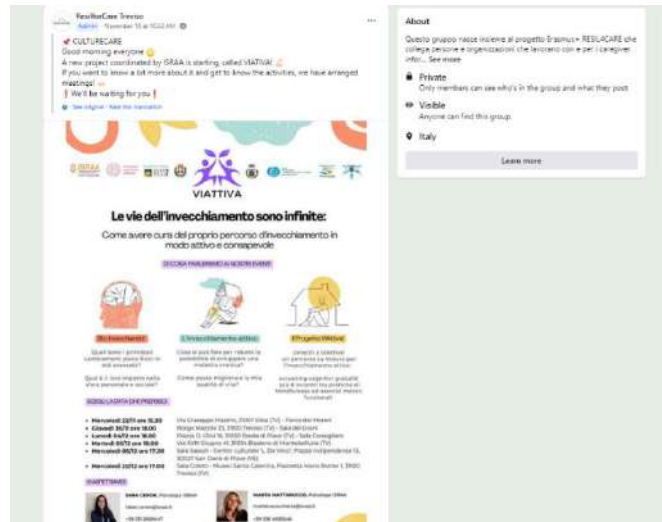
- 1- Several flyers and posters were hung and distributed in the 4 residences of ISRAA.
- 2- All informal carers of ISRAA were invited to participate in the group via a message sent in by the communication office of the organisation.
- 3- 2 in-presence events were organised to present the project in Treviso.
- 4- The project was presented in multiplier events of other projects, training courses and conferences.
- 5- Through the word of mouth of the relatives themselves.

2. Group dynamization: topics/activities posted and participants interaction.

The Italian Facebook group has worked the topics creating 3 different sections:

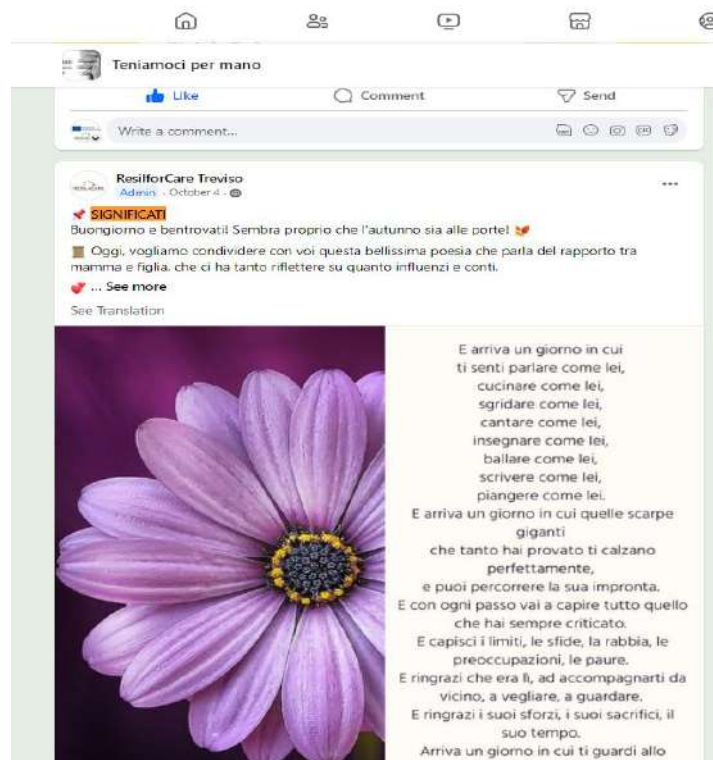
- **Culturecare.** This section has proposed various types of events, organised by ISRAA or by other organisations addressed to informal carers in the Treviso area.

Figure 19. Culturecare post. Source: <https://www.facebook.com/groups/teniamocipermanotreviso>



- **Significati.** In this section, poems, photographs, books, film clips on the role of carers in society are shared, with the aim of providing support and help.

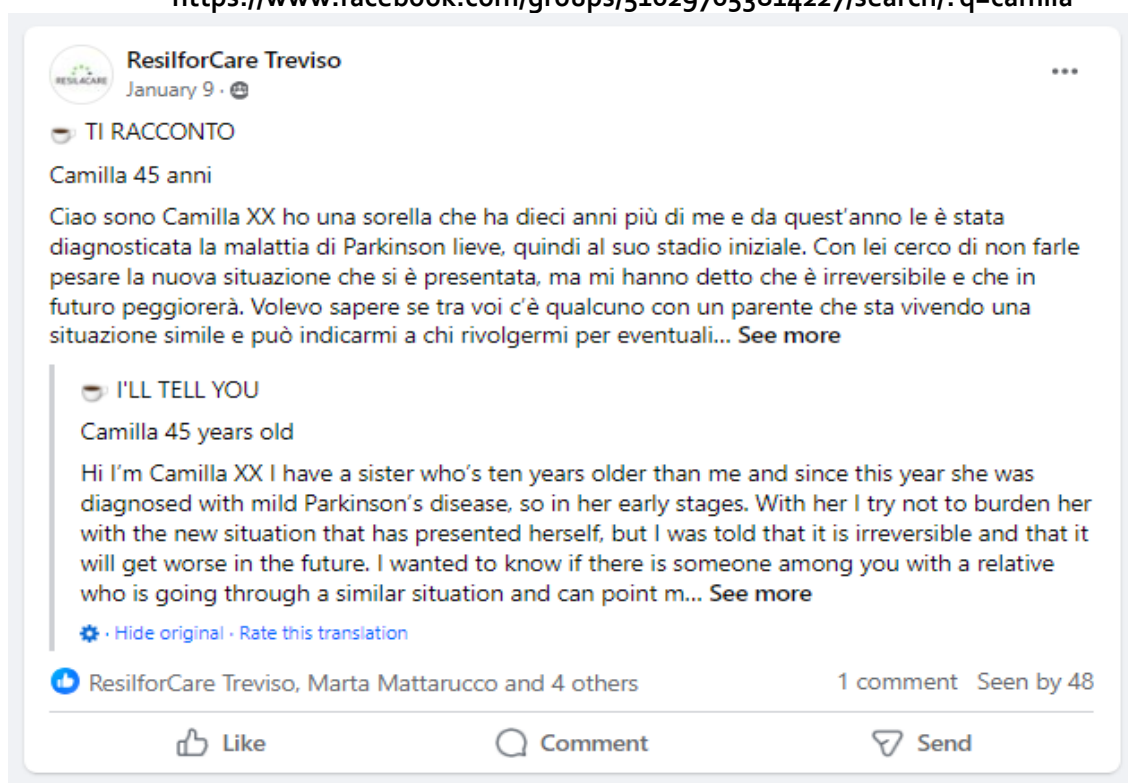
Figure 20. Significati post. Source: <https://www.facebook.com/groups/teniamocipermanotreviso>



- **Ti racconto.** stories are shared from various participants (who came to us anonymously) asking for names of doctors or services and opinions from group participants about their personal situation.

Ti racconto is the section that has gathered most comments and interactions.

Figure 21. Ti Racconto section (I will tell you about it). Source:
<https://www.facebook.com/groups/510297053814227/search/?q=camila>



Therefore, these three topics/sections are created with the idea of giving a certain order to the contents, so that the participants themselves can identify those that most interested them or from which they can draw the most inspiration.

In addition to the activities on Facebook, two in-person meetings were organised:

- The first on 7th February 2023, with the aim of presenting the project and introducing informal carers to each other.
- The second on 31st May 2023 entitled APERICARE -being resilient-. This meeting was more structured because, after an initial presentation of the project, it was proposed to the informal carers an activity to be carried out in groups all together, which aimed to create a network and make them feel less alone in their role.

3. An inspiring story: Paola.

Paola is a woman from Treviso registered on the Facebook group. She is married and has a child, living both nowadays abroad. Her husband fell ill with dementia some years ago and he is now a resident in one of ISRAA's four residences. Paola is now alone because she has moved out to another house, and she does not know the neighbours very well.

Paola joined the group under the advice of one of the 3 support group women and she always comes to the face-to-face meetings. The group has helped her to feel more involved and to establish new relationships. In fact, when the group runs into her in the ISRAA's corridors, Paola greets everyone and has always time for a chat.

4. Facebook group management (support group)

As it can be in figure 22, the support group is formed by 5 women: 3 informal carers and 2 facilitators. 10 in-person meetings in Treviso's facilities and 4 online meetings were carried out during the pilot test.

Figure 22. Italian support group. Source:
<https://www.facebook.com/groups/teniamocipermanotreviso>



During the meetings, the support group discusses the content to be published and the events to be organised. To do so, it is often followed what is written in the Worksheets created by IAT (Facebook management coordinator partner); but other times the support group designs the content.

The support group and the meetings have the function of coordinating the Facebook group, helping, and urging the participants to regularly create and post the content. In addition, the support group is a key tool to forge closer links and relation among the participants.

5. Lessons learned.

The Facebook group has become an important organization network tool to communicate and share experiences among informal carers.

Informal carers have showed a high satisfaction. It has become into a tool to give voice to informal carers, more when, after the covid, there is a high difficulty in organising face-to-face events.

The breakdown of activities and posts in several sections has produced good results.

As more important challenges, it is considered that it should be further explore:

- a. The use of others more trendy social networks such Instagram for the same objective since Facebook is nowadays in decline.
- b. The mechanisms that can trigger the members participation and interactions.
- c. How to create meaningful content for them.

Finally, the participation of local key stakeholders in the dissemination and content creation might should be seriously considered.

6. Looking ahead: sustainability.

The goal at the end of the project is that the Facebook group will continue to exist and be fed by informal carers and facilitators (support group).

We would like to transform it by introducing different topics and organising more in-person activities, which is in line with the organisation's goals.

The objective will be to keep the group alive, developing new contents, but also trying to expand it in other ways than only online.

3.4. SPANISH CASE STUDY. IVASS – Instituto Valenciano de Servicios Sociales.



To help those who care

SPANISH CASE SNAPSHOT

December 2023

OVERVIEW

Resil4Care Erasmus+ project aims to improve the resilience of informal carers through the use of Facebook Groups developed in 4 participant countries (Greece, Italy, Slovenia and Spain). The Resil4care Facebook groups are understood as an educational approach in which the support group (administrators) and participants (informal carers) share experiences, ask questions and face similar situations. The final objective is to overcome barriers and improve the participants' resilience.

THE ORGANIZATION

The Valencian Institute of Social Services - IVASS is a public institution (1.200 employees). It provides assistance and acts in terms of social services and socio-health care. In addition, it protects, safeguards and guardianships persons with judicially modified capacity.

FACEBOOK GROUP

<https://www.facebook.com/groups/ayudaraquienaida>

PARTICIPANTS

Private and open Facebook group formed mainly by family carers. The unique selection criterion is the acceptance of the rules and to show interest in participating in the Facebook group.






FACEBOOK GROUP MANAGEMENT

The Support Group is formed by 2 carers and 2 facilitators. They have been meeting face-to-face and online to exchange their own experiences and discuss about what are the most suitable topics to post on the facebook group.

AN INSPIRING STORY: "MARIA"

Maria heard about a Facebook group that IVASS had created to help informal cares to improve their resilience. And now, María has become one of the most active Facebook members, she is fully satisfied with the activity, even showing interest in learning how to run a Facebook group by using the Resil4care platform (PR3).

RESULTS

	Participants 102
	Visualisations 2.526
	Posts 62
	Comments 122
	Reactions 482

ACTIVITIES

Meetings implement or adapt the worksheets of our Slovenian partners and share the good practices or topics of the other 3 Resil4care Facebook groups. Dissemination activities have been organized by IVASS to raise awareness about the importance of feeling well.

POSTS

- STORIES
- VIDEOS
- QUOTES
- PRACTICAL INFORMATION
- INVITATION
- SHARED POST

KEY TOPIC

Recomforting Positive sentences such as "magic is laughing with someone who makes you forget your sadness."



LESSONS LEARNED



The importance of sharing information and personal experiences to realize how much relevant is your own self-care to support others. Useful tool to make participants aware about their common feelings and how to face these situations.



LOOKING AHEAD SUSTAINABILITY

A group of informal carers from an IVASS' occupational centre is interested in managing this Facebook group after the project is finished.

Facebook group title: to help those who care.

A. CONTEXT: THE ORGANIZATION (IVASS)

The Valencian Institute of Social Services (IVASS), with its own legal status, assets and resources, is a public regional organization with capacity to manage the policy of the Valencian Regional Government (Generalitat Valenciana) in the fields of social welfare, elderly people, dependency and care of people with intellectual disabilities.

It provides assistance and acts in terms of social services and socio-health care. In addition, it protects, safeguards and guardianships persons with judicially modified capacity.

Figure 23. Workshop in Caixa Ontinyent´s Residence. Source: <https://www.ivass.gva.es/>



IVASS has more than 30 facilities (daycare centres, residences, occupational centres and sheltered houses) where its 800 professionals such as, physiotherapists, psychologists, nurses, caregivers, occupational therapists, social workers... dedicate their efforts to the attention and care of 1.200 people with social care needs. Additionally, it provides to them, in a participatory manner, the necessary support for their integral development with quality service.

IVASS works to consolidate a Quality Service where ethics, the protection of the rights of our users or those who may request our services, and transparency, are the basis of the Commitment to improving Quality of life.

At IVASS, as a public organization, we work to consolidate a Quality Service where ethics, the protection of the rights of our users or those who may request our services, and transparency, are the basis of the Commitment to improving Quality of life. Dialogue and mediation as communication tools are the pillars of IVASS; they are combined with the value of learning how to innovate.

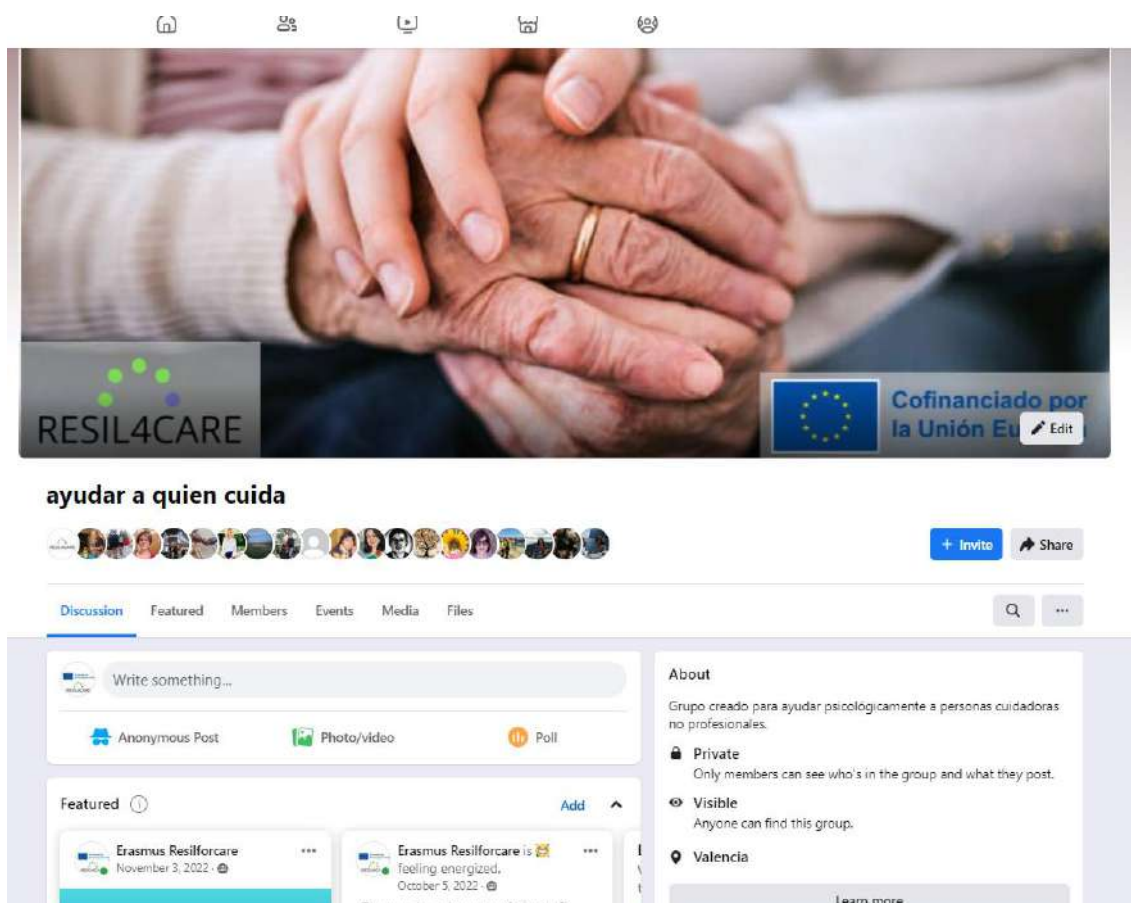
Figure 24. Rafalafena's occupational centre. Source: <https://www.ivass.gva.es/>



B. SPANISH FACEBOOK GROUP

SPANISH FACEBOOK GROUP FIGURES					
Number of participants	102	Number of posts	62	Visualisations	2526
Number of reactions	482	Number of comments			122

Figure 25. Spanish Facebook group. Source: <https://www.facebook.com/groups/ayudaraquien cuida>



1. Facebook group: participants

SPANISH FACEBOOK GROUP PARTICIPANTS PROFILE (Estimation from respondents of tool 4)					
Women	85%	Providing care to parents	50%	Age between 41-60	75%
Facebook users	90%	Living with the cared person	25%	Secondary education	15%
				Tertiary education	85%

“Ayudar a quién cuida” is a private group formed by 102 members, mostly female family carers or relatives who are keen to take part in the project activities.

“Ayudar a quién cuida” is a private group formed by 102 members, mostly female family carers.

The invitation to join the group is mostly done to IVASS’ relatives through social media and emails. Additionally, some leaflets are shared within the organisation. The support group friends, relatives, and colleagues also collaborate disseminating the Facebook group.

The unique selection criterion is the acceptance of the rules and to show interest in participating in the Facebook group. The administrators (support group facilitators), before accepting each member, check their profile to verify that they are not a commercial or fake account, or someone with not genuine interest.

2. Group dynamization: topics posted and participants interaction.

The most important topics posted in the Spanish group to arouse members participation are:

- **Recomforting Positive sentences** such as “magic is laughing with someone who makes you forget your sadness” or “the hardest thing I had to learn this year was how to recover and move forward... “

Figure 26. Positive sentence. Source:

<https://www.facebook.com/groups/ayudaraquien cuida/posts/1520373988780391/>



- Videos about Alzheimer or Dementia such as UCLA's videos)

Figure 27. Spanish video about Alzheimer. Source:

<https://www.facebook.com/groups/ayudaraquien cuida/posts/1526025611548562/>



3. An inspiring story: María.

When María's and Jose's father was diagnosed with a terminal illness, they decided to care him at home. Both were full of energy, feeling that nothing could beat them.

But things have changed a lot since then. Their father passed away after two years of demanding a great deal of support and both brothers has ended up very tired and low physically. And now, is their mother who demands their support, but in this case, Jose has moved out to live in another city and cannot help María as much as she needs.

María is now facing the situation to have to take care of her mother alone. She is feeling more tired every week; she is completely exhausted. So María and Jose have decided to take her mother every day to one of the IVASS facilities: a day centre for elderly people.

This is the place where María knew about the Facebook group. María started to attend the meetings that the day centre organizes for families. In one of these meetings, María heard about a Facebook group that IVASS had created to help informal carers to improve their resilience. And now, María has become one of the most active Facebook members, she is fully satisfied with the activity, even showing interest in learning how to run a Facebook group by using the Resil4care platform (PR3). María has asked IVASS to become a facilitator and keep managing the Facebook group after the project is finished.

4. Facebook group management (support group)

The Spanish support group is formed by two male informal carers and two IVASS professionals. They have met several times in IVASS' day centre where their mothers are taken care of. Due to the distance between the day centre and IVASS headquarters, some of the meetings are carried out online.

Spanish support group has dealt with the physical distance between the facilitators and carers. In addition, some health issues, and the work and family responsibilities of informal carers have made it difficult to have regular physical meetings.

The main activities carry out during the support group meetings are the discussion of topics and recommendations suggested previously by the transnational core group. The objectives are to implement or adapt the worksheets of our Slovenian partners and to share the good practices or topics of the other 3 Resil4care Facebook groups; and to create new specific content for the Spanish group.

In addition, some complementary dissemination activities have been organized by IVASS to raise awareness about the importance of feeling well (physically and psychologically) to take care of somebody. Finally, monthly meetings are carried out by the IVASS day centre where the informal carers of the support group have the opportunity to raise issues related to the resil4care Facebook Group.

Figure 28. Spanish support group. Source: Resil4care project



5. Lessons learned.

To start with, Spanish Facebook group is a useful tool for informal carers to share information about self-care and to improve the participant knowledge about how to manage some psychological situations related to resilience or frustration. In addition, the Facebook group creates a virtual community where the same experiences, feelings, weaknesses, and responsibilities are shared by the participants. Furthermore, it might become in another tool for IVASS to communicate and support to their informal carers.

Facebook group creates a virtual community where the same experiences, feelings, weaknesses, and responsibilities are shared by the participants.

On the other hand, it is believed that is important to find a methodology to learn how to create digital content and post meaningful information for the participants. This would contribute to catch their attention and improve their active participation. Another important challenge is to know what the real necessities of the members in terms of information are or the specific support needed by informal carers.

6. Looking ahead: sustainability.

Spanish support group and IVASS are very satisfied with the Facebook group results and are willing to continue working on it. The Spanish facilitators have started to work with a group of informal carers from an IVASS' occupational centre to integrate them in the managing and active participation of the Facebook group. Finally, one of the participants (María) has showed interest on learning how to manage the Facebook after the Resil4care project.

4. A proposal of evaluation of the educational approach.

4.1. Introduction

As it was previously explained in this document (figures 1 and 2), Resil4care model can be roughly summarized as a 1-year educational approach formed by a blended training activity and the implementation of a Facebook group with the objective to improve the informal carers' resilience. Directly linked to this educational process, the project has also produced two pedagogical resources which offer the theoretical needed support to the educational approach: a) a training course manual (PR2); and b) ICT training toolkit (PR3). It is also of paramount relevance to point out that the Resil4care educational approach and the evaluation methodology presented in this document only seeks to be a useful pedagogical example for those organizations that want to implement **"and evaluate"** the Resil4care educational approach. Therefore, it leaves the door open for further researchers, improvements and adaptations to this or other educational contexts.

Therefore, what is presented in this section is a "proposal" of evaluation of the Resil4care educational approach. Obviously, it is suggested the assessment methodology scheme and tools specifically produced by Resil4care project and previously explained in this document (PR4) (see tables 1a or 1b). As it was mentioned in the previous paragraph, this assessment proposal must be considered as an inspiring example of how this educational approach should be evaluated (see the figure 29 in the following page).

The ultimate objective of this evaluation proposal is to be a useful evaluation methodology and tool for educators to adapt and use it in other different educational contexts.

The educational model presented in this document has only an evaluation purpose. The resil4care final "improved" educational approach model will come out to light as a result of the information collected and analyzed in this document.



4.2. Evaluation activities

In the following pages, it is fully explained an evaluation proposal of the Resil4care educational approach of Resil4care. The evaluation is divided into 2 phases (learning and teaching activities; and the Facebook group).

All the evaluation tools proposed to complete this evaluation proposal have been designed and produced by the Resil4care project.

4.2.1. Phase 1: evaluation of the learning and teaching activity (tools 1, 2, 3 and 8)

The first set of the evaluation activities proposed is linked to the starting point of the educational approach: the learning and teaching activity. This Resil4care educational approach proposes a blended training program combining physical training (at the beginning of the process) with virtual training during the rest of the year, offering the possibility to use the training platform (PR3) at the beginning of the process.

The objective of this learning process is to introduce participants into the educational itinerary and teach them basic knowledge about:

1. The key characteristics of Facebook within the project framework.
2. Informal carers and resilience (and psychological factors related to resilience such as frustration, quality of life, mindfulness...).

From the point of view of practicality, the physical and virtual training are considered independent items in this evaluation proposal. Accordingly, it is proposed in this first phase to carry out 4 evaluation activities (tool 1, 2, 3 and 8), gathering different type of information provided only by the learners participating in the training activity:

1. Before starting the training activity, gathering key information about the learners (course expectations, interests, type of support provided, relationship with the person receiving care...) to adapt as much as possible the learning activity to the different learners needs. To do so, it is suggested to have the **tool 1** (training activity participant information) completed by the participants at least one week before the beginning of the training activity.
2. In addition, **the tool 2** (knowledge acquired) might be also passed twice: at the beginning and at the end to compare the results.
3. The first evaluation phase would be completed with the assessment at the end of training activity of:
 - learners' satisfaction (**tool 3**);
 - participants opinion of how to improve the training activity (**tool 3**).
 - In case the training activity has been carried out using the training platform (PR3), the learners might fill out the ICT dimension questionnaire (**tool 8**).

Finally, it is also suggested to carry out a complementary evaluation activity: a focus group activity during the last hour of the training activity to get direct feedback from the participants, eliciting information of one or two topics of interest. Tip: the class might be divided into 2/3 groups formed by participants as much diverse as possible (gender, age, nationality...).

4.2.2. Phase 2: evaluation of the Facebook group (tools 4, 5, 6, 7 and 9)

The second activity of this educational approach is the creation of a Facebook Group which implies, among other activities, dissemination among the target group, participants enrollment, the group invigoration (searching relevant information, posting news and information, follow-up participants comments...), and the evaluation.

Related to the assessment of the Facebook group, is proposed the following evaluation activities:

- Resilience improvement evaluation (**tool 4**). To do so, it is proposed to pass the tool 4 (Resilience questionnaire) twice (pre-test and post-test): at the beginning of the Facebook group and after one year of participation and compare the scores obtained. The resilience questionnaire could easily be transformed into an online form and posted the link in the Facebook group to be completed by the participants (self-administration). Another option could be to pass the questionnaire face-to-face by an educator, if what is wanted is to assess the individual resilience improvement of a given participant.
- Competences acquisition (**tool 5**). In this case, the objective is to assess which competences the learners have most acquired during their involvement in the Facebook group. This **tool 5** is complementary to the **tool 4**; as, according to the LifeComp (Vuorikary et al.,2022), the “Personal, social and learning to learn key competences are key to **improve the resilience** of European Citizens”. The implementation of this tool applies the same methodology of tool 4.
- Participant satisfaction (**tool 6**). Following the same methodology than the first 2 tools (self-administered online questionnaire), participants can be invited to complete this satisfaction questionnaire.

In addition to these 3 evaluation tools completed by learners’ participating in this Resil4care approach, it would be convenient to carry out another type of evaluation addressed to the key educators, coordinators of the program or other stakeholders (**tools 7 and 9**). To that effect, it is proposed to carry out two more evaluation activities:

- A SWOT analysis to identify the strengths, weaknesses, opportunities, and threats of the organization related to the implementation of this training program (**tool 7**). This analysis should be carried out in the middle of the training program (month 6²).
- To develop a case study (**tool 9**) (see section 3 of this document) to:
 - Improve the evaluation framework of future similar training programs.
 - To disseminate the lessons learned to the program stakeholders.

² This technique might also be carried out at the beginning of the evaluation process as it is suggested by many authors. The Resil4care project carried out it the month 6 of the pilot waiting for the partners to have ready PR1, PR2 and PR3 and have formed a sound idea of all the educational elements of the approach (pedagogical resources, context, management...).

5. Conclusions and recommendations.

5.1. Partial conclusions (conclusions by evaluation activities)

5.1.1. Conclusions of the learning and training activity.

TOOL 2. TRAINING ACTIVITY KNOWLEDGE EVALUATION TOOL.

General speaking, it's observed a significant increment of knowledge within the 94% of the learners taking part in the physical learning and training activity hold in Slovenia.

Even though majority of the learners have stated an increase in knowledge, it should be highlighted that some items (contents) have a greater increased than others, such as **the topics related to how to set up a Facebook group**; and those to identify the stages of care; and their own knowledge about the care provision.

On the opposite situation, learners show to have had **less increment in their insight in the area of exchanging experiences between people who are in same care situation.**

In case that we consider the 5 groups of questions as separated topics, the most increment of knowledge is in those related to the awareness about Facebook technology as well as its use (group IV); and about dealing with their daily routine as an informal carer (group II). Participant learners show not only their previous knowledge about Erasmus and the Project RESIL4CARE, but also their own experience as informal carer and their motivation to provide this care (topics included in groups I and III of the questionnaire).

In addition, the result of the focus group carried out at the end of the training activity shows relevant information about which are the key competences of the Resil4care project according to their two key frameworks: LifeComp and The Digital Competence Framework.

The results obtained shows that the project should focus on the following competences:

1. From the LifeComp framework, the following competences were considered key for the project:
 - Social area:
 - **Communication:** use of relevant communication strategies, domain-specific codes and tools, depending on the context and content;
 - **Collaboration:** engagement in group activity and teamwork acknowledging and respecting others.

- Learning to learn area:
 - **Growth mindset.** Belief in one's and others' potential to continuously learn and progress.
 - **Managing learning.** The planning, organizing, monitoring and reviewing of one's own learning.
- 2. From the Digital Competence Framework, the project should focus on the following competences:
 - **Communication and collaboration.** To interact, communicate and collaborate through digital technologies while being aware of cultural and generational diversity. To participate in society through public and private digital services and participatory citizenship. To manage one's digital presence, identity, and reputation.
 - **Digital content creation.** To create and edit digital content to improve and integrate information and content into an existing body of knowledge while understanding how copyright and licences are to be applied. To know how to give understandable instructions for a computer system.
 - **Safety.** To protect devices, content, personal data, and privacy in digital environments. To protect physical and psychological health, and to be aware of digital technologies for social well-being and social inclusion. To be aware of the environmental impact of digital technologies and their use.

From the result of this evaluation, the 7 chosen competences have been the bases to produce the tool 5 (competence evaluation questionnaire).

TOOL3. SATISFACTION QUESTIONNAIRE OF THE TRAINING ACTIVITY.

In the light of the results obtained in the first part of the questionnaire, the general level of the learners' satisfaction is very high. All of them stated "agree" or "strongly agree" in the asked items, reaching the questionnaire a total score of 9,3 over 10. Despite the high level of satisfaction, there are two items on which the learners express less satisfaction. The first one is about the next steps and responsibilities being held after training activity (they should be better explained); and the second one is regarding to the time devoted to the practical lessons which should be higher.

On the other hand, the item most valued by participants refers to the trainer encouraged Facebook participants to have an active participation during the activities.

In terms of the participants opinion about the training activity, this has been collected in three open questions:

- The first one, was about their general view. The learners have stated that they had some difficulties to understand the English language.
- The answers to the second question (what new contents should be included in future training activities) were quite diverse:
 - The participants would like to include automatic translators or a digital system for translation without having to rely on others.
 - The project might consider including other social media platforms.
 - To improve the general internet skills of learners
 - To acquire more practical skills about the topic (resilience).
- Lastly, in the question 3, many suggestions to improve the training activity were given by the participants. The most important ones are:
 - To explore the use of better translation systems for those few activities in English.
 - More information about the construct of "resilience" and how to improve it.
 - More time to consolidate the learned material.
 - One computer per-person and step-to-step lessons.
 - Collect information from people who are not familiar with social media, and to improve how to address them.

5.1.2. Facebook group.

TOOL4. RESILIENCE QUESTIONNAIRE.

This questionnaire was essential to create the Resilience questionnaire, but also to obtain complementary information about the informal carers profile. The questionnaire was completed by those informal carers taking part in the Facebook group. It was formed by 3 sections:

1. Demographic questions.
2. 3 questions to collect information about the type of care provided and the informal carers information needs.
3. The Likert-scale resilience questions.

The parts 1 and 3 of the questionnaire has been already explained in the section 2.4.3.2 of this document. This section deals with the information provided about the type of care provided.

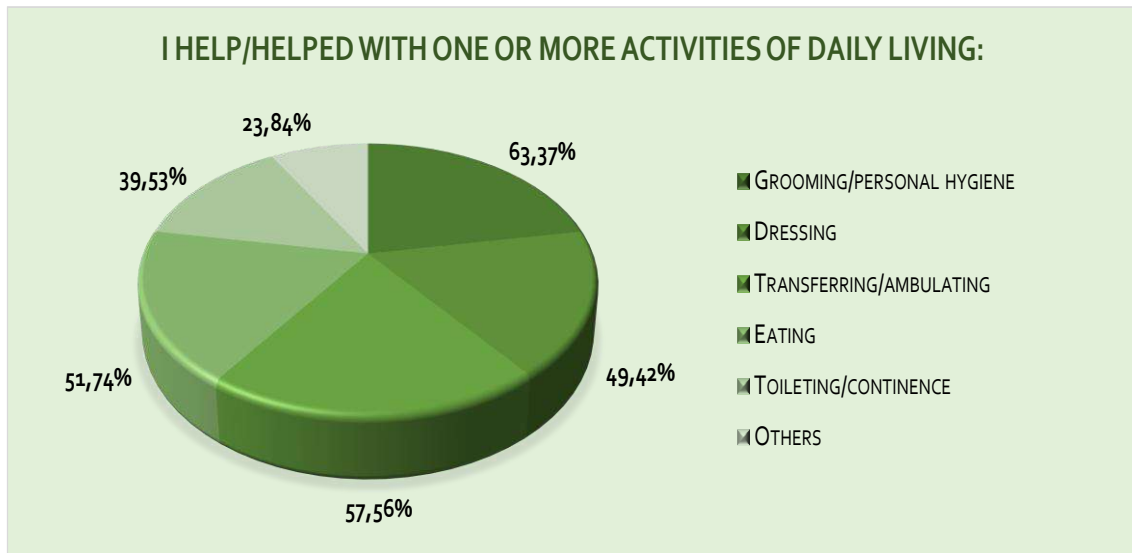
The first and second question referred to what type of care is provided. Daily activity was asked in the first one and the second one covered instrumental activities provided. The third one type of questions was related to the type of information informal carers wanted to get by taking part in the project. It must be pointed out that respondents could select more than one answer.

Related to the first question, "I help/helped with one or more activities of the daily living", the activities which showed a greater presence among the respondents were:

1. grooming/personal hygiene;
2. transferring/ambulating;
3. eating;
4. dressing;
5. and last position was toileting/continence.

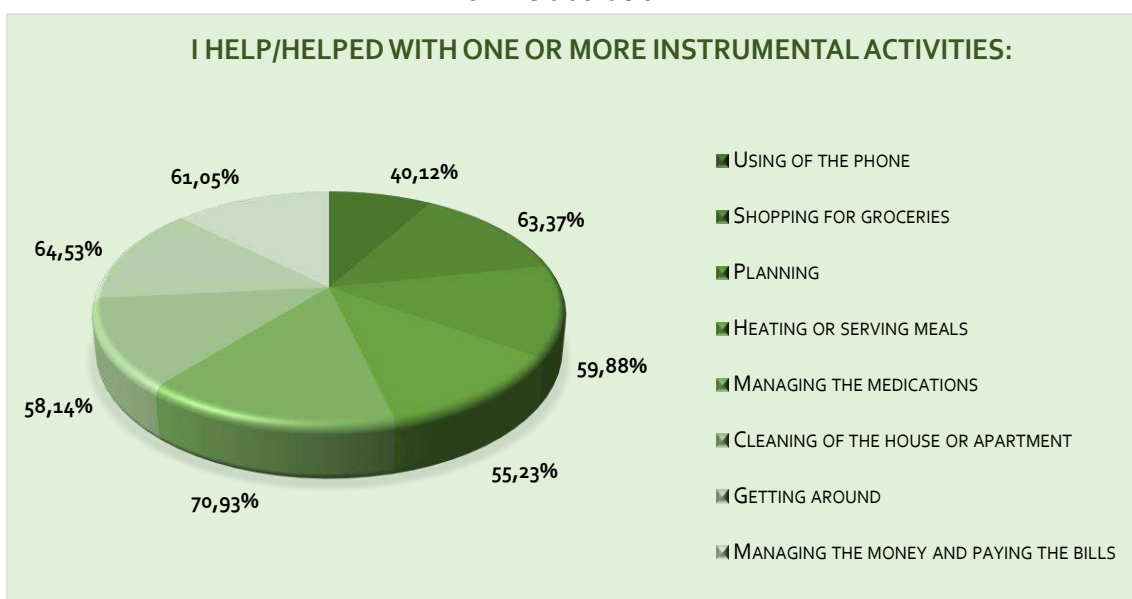
The quantitative information is showed in the following figure 30.

Figure 30. Daily living activities provided by carer participating in the project. Source: own elaboration.



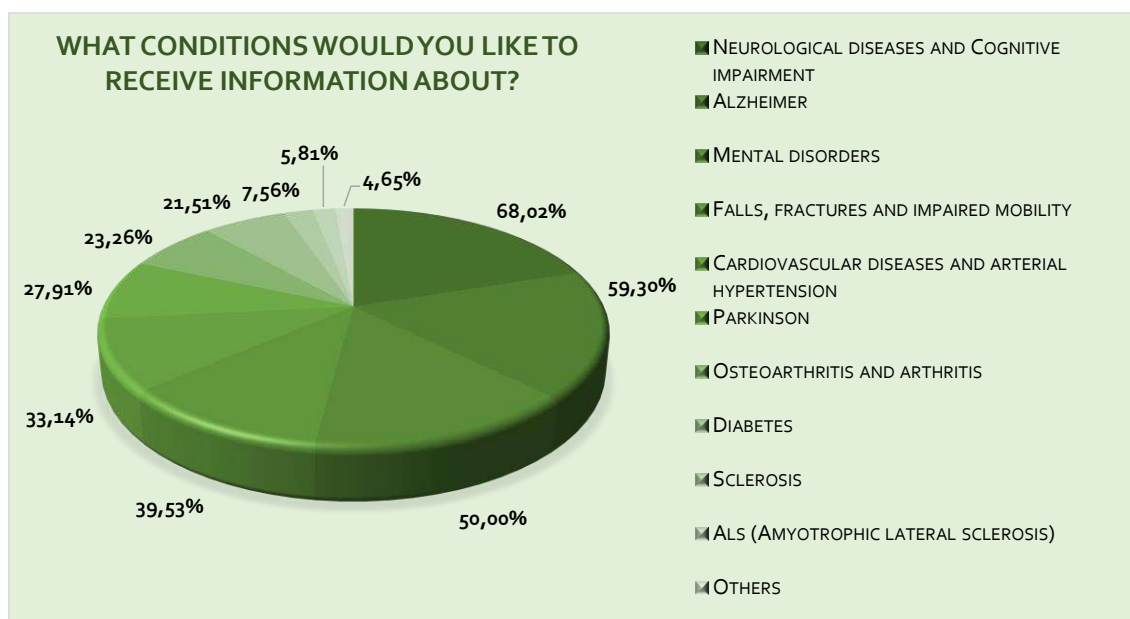
The second question was “I helped with one or more instrumental activities”. Respondents stated that managing medications is the most usual activity that carers had to manage; followed by getting around and shopping for groceries. Helps related to money, planification, chores and food issues are practically at the same level of necessity. Aspects related to the use of the phone also appear as constraint, although it is not as common as the previously mentioned ones.

Figure 31. Instrumental activities provided by informal carers taking part in the project. Source: own elaboration.



Finally, the last question gives us information about what conditions they would like to receive information about. The two most demanded are about Neurological diseases - Cognitive impairment; Alzheimer; and mental disorders. In addition, information about falls, fractures, and impaired mobility; cardiovascular diseases and arterial hypertension; and Parkinson would be also welcome (Figure 32).

Figure 32. information needs of informal carers. Source: own elaboration.



TOOL 7. METHODOLOGY TO EVALUATE THE VALIDITY OF THE C1 AND PILOTS.

According to the focus group, the most important conclusions obtained about the use of Facebook groups as an educational tool were:

1. Related to the positive elements of the Resil4care project:
 - a. High capacity to create a digital community in which to share common values. It can also contribute to create a common concept of European Union (transnationality).
 - b. Cost-efficient educational tool.
 - c. The use of Facebook group as an educational and informative tool is innovative.
 - d. Capacity to reach great number of participants (target group).
 - e. Good possibility to be replicated and transferred to many educational contexts.

2. Related to the difficulties to implement the Resil4care project:
 - a. To deal with private and personal information of the participants (security).
 - b. To select the right participants for the group. It is very difficult to know the best profile to take part in the group.
 - c. Difficulty to find out the educational and psychological needs of the participants.
 - d. To find the right person to manage a Facebook group. It is needed a professional with competences in social media and in the psychological/educational field of work (resilience).
 - e. To evaluate the educational and phycological progress of the participants.
 - f. Sustainability issues once the project is finished. To regularly update information and follow up the participants activities.
 - g. In case of large groups, participants can feel lack of trust or privacy.

5.2. Lesson learned and final conclusions.

The Facebook groups (pilot tests) evaluated in this document and the other educational resources produced by Resil4care are interlinked pieces of an educational approach aimed at improving the quality of life of the informal carers.

As a result of the information collected and analyzed in this document (PR4), it might be safely stated that Resil4care educational approach (formed by a combination of non-formal and informal digital learning activities) **is aligned with some of the objectives of the Erasmus+ program**, specifically to those related to the Digital Transformation priority (p. 7 Erasmus+ Programme Guide). In this way, Resil4care approach might contribute to the **improvement of digital competences** and media literacy of informal carers (the most important project target group). In addition, it can also be considered a suitable tool “to reach larger groups within and beyond the European Unión, to manage great use of information, communication and technology tools, combining the use of physical mobility and virtual learning and cooperation” (p. 9 Erasmus+ Programme Guide).

This is substantiated by the following pieces of evidence. To start with, the key stakeholders consulted (support group and informal carers) **have shown good satisfaction with the project activities**. This is based on the analysis of the result of the cases studies, the satisfaction questionnaires completed, and the focus group developed. In this sense, the Resil4care educational approach is evaluated as a **useful tool to create a virtual community where relevant information is posted and meaningful experiences are shared by the participants**. Furthermore, it is considered a cost-effective informal educational tool, with potential to reach a high number of different target groups and be used in different contexts (transferability). In addition, it can be used as an organizational communication tool for specific target groups; and to study the needs and worries of participants. And finally, it can help educational organizations to improve their social media positioning.

*“The Facebook group is a **useful tool for informal carers to create an online community**. They consider it as a place to share common challenges and concerns; and to be “closer” to other informal carers; and to engage in fruitful conversations and interactions” (PRODIZO. GREEK PARTNER)*

Related to the good practices found, it is considered that the creation of a specific management methodology and tools (see figure 1) to run the Facebook groups (structured in two levels: core group and support group) has been a success, being the **leading coordinator role** of the core group a key figure to allow partners to smoothly run the pilots and shape homogeneous national Facebook groups. In addition, the use of two recognized frameworks (**LifeComp and Digital Framework** competence for citizens) to establish the project key competences and create the tool 5 (competence evaluation tool) might contribute to provide evidence-based scientific support to the European policymaking process.

On the other hand, the pilot tests have faced some challenges that deserve to be mentioned.

First, partners have stated the need to find **ways to improve the participation** of informal carers in the Facebook group. Related to this, partners also indicated not having enough knowledge of the Facebook participants profile (needs, worries, motivations to take part...). Further research about the participants profile might be carried out to find **which content or activities trigger their active participation**. This also might help to establish a set of criteria to better select the participants.

Fortunately, in order to improve the participation of Facebook members, partners have come out with some good ideas to manage the Facebook group such as real stories, flyers, posters, contests, posting the topics structured by sections, practical information, quotes, flyers distribution, invitations to public events...

*"It is essential to keep researching **how to get a higher cooperation/interaction from participants**, with some own FB posts, questions, etc., respecting, at the same time, the desire for privacy of some of the participants" (IAT. Slovenian partner).*

One other area that requires attention is the **complex profile of the facilitator** (person in charge to run the Facebook group). The complexity arises from the need of the profile to **combine expertise in two different bodies of knowledge: a) psychology/health; and b) social media**. Related to the former, it is essential that facilitators have a good knowledge of constructs such as resilience, informal care, health...and the theory and frameworks associated to these concepts. Although, this content has been fully considered in the Resil4care educational resources, it should be highlighted its relevance here because the domain of this competences is key **to better understand the demands, worries, needs... of informal carers and improve their participation** on the Facebook group. In the case of the latter, it is very convenient that facilitators master two sets of skills: a) how to create digital content; and b) how to assess social media metrics to measure how well the Facebook group is performing (engagement rate, impressions, reach...).

In addition of a whole strategy to assess the social media metrics, it might also be relevant to research about which competences and in which degree the informal cares are acquired due to their participation in the Facebook group (tool 5); and its link with their resilience improvement (tool 4). This would contribute to understand the real impact of the Facebook group in the quality of life of informal carers.

In addition, Resil4care educational approach should pay close attention to the strong rise of Facebook's competitors (Instagram, TikTok, Google...). It may be explored the possibility to adapt this educational model to other social media platforms.

Finally, it might also be considered to create an English Facebook group in the future to better assess the transnational impact of the Resil4care educational approach.

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ANNEX 1. ORIGINAL TOOL 4 before statistical analysis.

TOOL 4		QUESTIONNAIRE TO JOIN THE FACEBOOK CARERS SUPPORT GROUP				
Instructions:	The main objective of this questionnaire is to evaluate how aligned you are as an informal carer with the concept of resilience developed by the RESIL4CARE project.					
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other			
Age:	<input type="checkbox"/> 20-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61-70	<input type="checkbox"/> + 70
Residence:	<input type="checkbox"/> I live alone	<input type="checkbox"/> I live only with my relative cared				
	<input type="checkbox"/> I live with my family	<input type="checkbox"/> I live with my family and my relative cared				
Education	<input type="checkbox"/> Primary school	<input type="checkbox"/> Secondary school	<input type="checkbox"/> Tertiary Education			
Relationship:	<input type="checkbox"/> Mother/Father	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child			
	<input type="checkbox"/> Mother/Father-in-law	<input type="checkbox"/> Brother/Sister	<input type="checkbox"/> Other person			
I am a Facebook user	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Country:	<input type="checkbox"/> Greece	<input type="checkbox"/> Italy	<input type="checkbox"/> Slovenia	<input type="checkbox"/> Spain		
<p>What kind of care do / did you provide:</p> <p>1. I help/helped with one or more activities of daily living:</p> <p><input type="checkbox"/> Grooming/personal hygiene <input type="checkbox"/> Transferring/ambulating</p> <p><input type="checkbox"/> Dressing <input type="checkbox"/> Eating</p> <p><input type="checkbox"/> Toileting/continence <input type="checkbox"/> Others</p> <p>2. I help/helped with one or more instrumental activities:</p> <p><input type="checkbox"/> Using of the phone (this includes answering and calling others)</p> <p><input type="checkbox"/> Shopping for groceries</p> <p><input type="checkbox"/> Planning</p> <p><input type="checkbox"/> Heating or serving meals</p> <p><input type="checkbox"/> Managing the medications (this includes refilling them when needed and taking them correctly)</p> <p><input type="checkbox"/> Cleaning of the house or apartment</p> <p><input type="checkbox"/> Getting around (for example driving around by car or accompanying by taxi or public transport)</p> <p><input type="checkbox"/> Managing the money and paying the bills</p> <p>What conditions would you like to receive information about? (you can choose multiple answers)</p> <p><input type="checkbox"/> Cardiovascular diseases and arterial hypertension <input type="checkbox"/> Osteoarthritis and arthritis</p> <p><input type="checkbox"/> Neurological diseases and Cognitive impairment <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Mental disorders <input type="checkbox"/> Falls, fractures and impaired mobility</p> <p><input type="checkbox"/> Alzheimer <input type="checkbox"/> Parkinson</p> <p><input type="checkbox"/> Als (Amyotrophic lateral sclerosis) <input type="checkbox"/> Sclerosis</p> <p><input type="checkbox"/> Others (write your answer.....)</p>						

Please, tick the square to indicate how much you agree with the following sentences:		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	I get easily irritated.					
2	I avoid facing new situations.					
3	I easily disconnect from problems.					
4	I have a good quality of life.					
5	I like to share my problems.					
6	I have enough time for myself.					
7	I am worried about my future.					
8	I take care of myself.					
9	My social life could improve.					
10	I solve problems if I invest the necessary effort.					
11	I keep calm when facing with a problem.					
12	I find different solutions to a problem.					
13	I can adapt to changes.					
14	I have no interest in my future.					
15	I am a self confident person.					
16	I believe that my future is determined by fate.					
17	I am proud of my achievements.					
18	I feel uncomfortable when changes occur in my environment.					
19	My family context supports me .					
20	Technology helps me to communicate with other people.					
21	I feel overwhelmed by the concerns generated by taking care for a person.					
22	Changes in the person I care for make me anxious.					
23	I accept the changes that occur in my life as a result of caring for another person.					
24	I have the skills to perform the tasks of an informal carer.					
25	My obligations as an informal carer decrease my quality of life.					
26	I have the ability to understand the needs of the person I care for.					
27	I lack of energy.					
28	I have skills to cope with stress.					
29	I adapt to the demands of the person I care for.					