

“Care Managers as Drivers of PCC” Training Course INTERNATIONAL PILOTING REPORT

**COMPASS
Care Managers Leading in Person Centered Care**

February 2024

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1. Introduction

This document brings together all the information from the national reports produced as part of the "COMPASS - Care Managers leading Person Centred Care" project of the WP2 pilot training course.

The COMPASS partnership developed the curriculum for the "WP2 - Care Managers as Drivers of PCC" training course. This Output aims to give Care Managers the skills to lead the change towards the adoption of person-centred care (PCC) approaches in their working contexts.

2. About COMPASS Project

In the field of care for older people, different training offers have been produced to generate more knowledge and awareness among front-line care workers to promote a patient centred approach. However, in the spread of this philosophy a lack of educational courses was observed for care managers, who, having a coordination role, play instead an essential role in this regard. The application of innovative methods such as work-discussion groups and the development of a community of practice, foster the innovation in this field.

The COMPASS project aims to fill in a gap in the current training offer by means of innovative educational methodologies. It also aims to equipping care managers with skills to better respond to actual labour market needs, specifically by improving their skills to lead the change towards PCC approaches in their working contexts and providing guidance to European care managers on how to practically implement person-centered leadership in their everyday work. The ultimate goal of the project is to promote the quality of services towards older persons with disabilities thus fostering their social inclusion.

The Compass project objectives are:

- To provide European care managers with skills to lead the change towards the adoption of person-centred care (PCC) approaches in their working contexts.
- To offer care managers a space and a methodology to support reflection, reflexivity and learning from work-based experience, while also start developing a network of professionals exercising this job at national level and willing to share a professional development process.

- To develop a European Community of Practices (CoP) of care managers and care workers on PCC for older persons with the goal to share experience and skills, build a common language, and support the consolidation of a new professional vision on humanistic care.

3. Executive Summary

Around the world, care organisations and institutions are seeking to improve the performance of the care system by implementing a person-centred care (PCC) model (Santana, Manalili, Jolley, Zelinsky, & Lu, 2017). Person-centred care means treating clients/users as individuals and as equal participants in the intervention process, providing personalised, coordinated, and efficient care. Although there are numerous conceptual frameworks for PCC, there is still a gap in practical guidance on its implementation (NHL, 2016).

In this sense, the Compass training course "COMPASS - Care Managers leading Person Centred Care" seeks to empower care managers and service directors for the opportunity to lead the implementation of Person-Centred Care practices in their institution. Therefore, this course contained 6 modules:

- Module 1 - Inspiring leadership in others by helping them to reflect on challenges, think ahead, and plan for the future;
- Module 2 - Identifying and discussing the underlying reasons for people's resistance to change and providing a safe space to talk about concerns;
- Module 3 - Correcting unacceptable behaviours or respectfully calling out a discrepancy in others' behaviours;
- Module 4 - Being able to see the broader context which can inform a greater understanding of issues and actions;
- Module 5 - Reading between the lines and not taking everything at face value;
- Module 6 - Reflecting on the hypothesis of the problem;

This training course included synchronous sessions (online or face-to-face) and asynchronous sessions (COMPASS b-learning platform). It totalled 24 hours of training.

4. Framework for pilot action

This training pilot was carried out in the 6 countries of the partnership: Cyprus - Cyprus University of Technology; Ireland - REDIAL; Italy- Anziani E Non Solo; Portugal – APROXIMAR;

Romania - Asociatia Habilitas; and Spain – Fundación Intrás. Each partner was responsible for disseminating this training course in their country, as well as recruiting participants (according to the selection criteria, care managers).

Cyprus - Cyprus University of Technology

The Nursing Department, of Cyprus University of Technology, was responsible to implement the piloting in Cyprus. The Nursing Department provides both undergraduate and postgraduate nursing programs with the goal of educating both student nurses and experienced nurses to improve patients' health outcomes through high-quality patient care. The pilot phase was launched during the first multiplier event of the Compass Program on September 21, 2023, and the training began on October 18th, until, November 30th, 2023.

Ireland – REDIAL

REDIAL hosted 2 open days for Care Managers to come along and meet the team and promote the project including expectations of commitment, engagement and participation. The events were at Redial's offices in the centre of Dublin and collected registration information in order to carry out piloting.

Italy - Anziani E Non Solo

The Italian piloting was implemented by ANS, which includes among its statutory activities the realization of training programmes and interventions aimed to promote the quality of care towards older persons. In this framework, the pilot course was launched during a public event organized during the "Caregiver Day 2023", an annual event organized by ANS and aimed to raise awareness around care-related issues.

Portugal – APROXIMAR

Aproximar within its sector on longevity topics, "Active ageing and dependent care", develops initiatives that promote better life quality for older people by supporting formal and informal carers. The launch for Portugal's training course was launched during an online event, "WEBINAR - Person-Centred Care: Lead the Change", on 7 September 2023, a one-off event facilitated by Aproximar. The training course, its structure and its objectives were presented at the end of the online event and then shared on Aproximar social networks with more detailed information and contacts/links to sign up.

Romania - Asociatia Habilitas

The Romania pilot was implemented by Asociatia Habilitas. The pilot course was launched during a first multiplier event of the Compass Program, and through Habilitas social media.

Spain – Fundación Intrás

INTRAS is a Spanish organisation with headquarters in Valladolid and services and centres in other locations in Castilla y León, as well as in the Autonomous Community of Madrid and Extremadura. The COMPASS project fits perfectly with the organisation's mission, which is to accompany people to develop their own life project. The pilot course was launched to Intrás professionals through an internal newsletter (including the WP2 video) and to external professionals through email (also including the WP2 video). Also shared the infographic on Fundación Intrás Social Media, announcing the pilot course and asking interested people to contact.

4.1 Pilot Action

The "COMPASS - Care Managers leading Person Centred Care" pilot training course was developed by the partners in a b-learning format, with synchronous and asynchronous sessions (using the COMPASS online platform), to guarantee the largest number of participating professionals and a balance between personal and professional life and learning. To this end, all 6 modules created were made available to all participants on the COMPASS platform (asynchronous sessions), and the synchronous sessions (which took place in person or online, depending on the country of implementation) where more in-depth study of the module's topic was dedicated and innovative teaching methodologies were used, favouring active learning. The course totals 24 hours, and the partnership has decided that its distribution will be flexible between synchronous and asynchronous time. Each partner can define the amount of time allocated to each modality.

For a better understanding of the training pilot, the table below shows the data:

Format of the training (face-to-face, blended, etc)	B-learning (asynchronous and synchronous sessions)
Duration of the training	24 hours
Contents covered	<ul style="list-style-type: none"> ✓ Module 1 - Inspiring leadership in others by helping them to reflect on challenges, think ahead, and plan for the future; ✓ Module 2 - Identifying and discussing the underlying reasons for people's resistance to change and providing a safe space to talk about concerns; ✓ Module 3 - Correcting unacceptable behaviours or respectfully calling out a discrepancy in others' behaviours; ✓ Module 4 - Being able to see the broader context which can inform a greater understanding of issues and actions; ✓ Module 5 - Reading between the lines and not taking everything at face value;

	✓ Module 6 - Reflecting on the hypothesis of the problem;
Total nr. of participants	PT - 14 IT - 27 IR - 24 CY - 17 RO - 44 ES - 20
Profile of participants (gender, age, professional background)	1. Gender a. <i>Male</i> : 22 participants b. <i>Female</i> : 124 participants 2. Age a. <i>25-34 years</i> - 38 participants b. <i>35-44 years</i> - 49 participants c. <i>45-54 years</i> - 44 participants d. <i>more than 54 years</i> - 12 participants 3. Qualification a. <i>High school diploma or equivalent degree</i> - 13 participants b. <i>Bachelor's degree</i> - 55 participants c. <i>Master's degree</i> - 51 participants d. <i>Other</i> - 25 participants 4. Workplace a. <i>Employed as a care manager in residential services (public)</i> - 47 participants b. <i>Employed as a care manager in residential services (non-public)</i> - 24 participants c. <i>Employed as a care manager in semi-residential services (public)</i> - 1 participant d. <i>Employed as a care manager in semi-residential services (non-public)</i> - 4 participants e. <i>Employed as a care manager in a public nursing home (public)</i> - 2 participants f. <i>Employed as a care manager in a non-public nursing home</i> - 3 participants g. <i>Other</i> - 61 participants 5. How many years have the participants, who work as care managers, been in this role? a. <i>0-5 years</i> - 24 participants b. <i>6-10 years</i> - 30 participants c. <i>11-15 years</i> - 10 participants d. <i>more than 15 years</i> - 19 participants
Training methods	✓ Transfer of theoretical contents ✓ Examples provision ✓ Active learning activities ✓ Sharing experiences ✓ Asynchronous activities ✓ Study Cases ✓ Role Playing
Evaluation methods	Pre-test of knowledge Post-test of knowledge Satisfaction questionnaire

5. Results and evaluation

The training pilot was conducted across six countries within the partnership, involving **a total of 144 participants** (Table 1). In Cyprus, the Cyprus University of Technology facilitated the training with **17 participants**, accounting for 11.81% of the total participants. Ireland, represented by REDIAL, had **25 participants**, which is 17.36% of the total. Italy's Anziani E Non Solo hosted **27 participants**, making up 18.75%. Portugal's APROXIMAR saw 14 participants, constituting 9.72% of the total. Romania, through Asociatia Habilitas, had the highest number with **44 participants**, representing 30.56%. Finally, Spain's Fundación Intrás also had **17 participants**, equating to 11.81% of the total (Table1/Figure1).

Table 1: Participation in the Training Pilot by Country

Country	Institution	Number of Participants	Percentage of Total Participants
Cyprus	Cyprus University of Technology	17	11.81%
Ireland	REDIAL	25	17.36%
Italy	Anziani E Non Solo	27	18.75%
Portugal	APROXIMAR	14	9.72%
Romania	Asociatia Habilitas	44	30.56%
Spain	Fundación Intrás	17	11.81%
TOTAL		144	100%

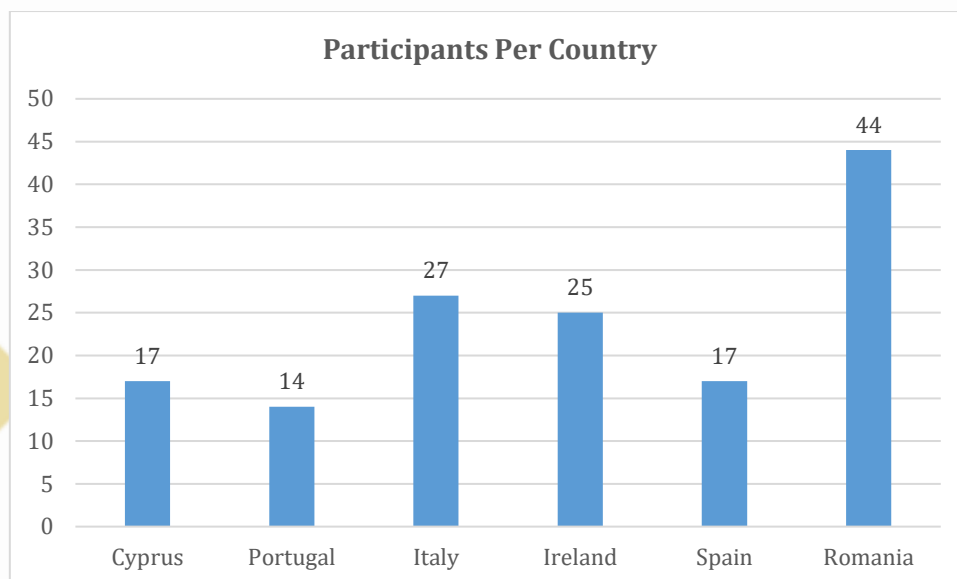


Figure 1: Participation in the Training Pilot by Country

5.1 Participants Profile

The majority of participants in the training pilot across the six countries were female. Portugal had only female participants, while Cyprus, Italy, Ireland, Spain, and Romania had a mix of male and female participants. Spain, Italy, and Romania had the lowest male representation at 5%, 7%, and 16% respectively, while Ireland and Cyprus had the highest at 33% and 24% respectively. Across all countries, there were no participants identified as 'Other' (Figure 2).

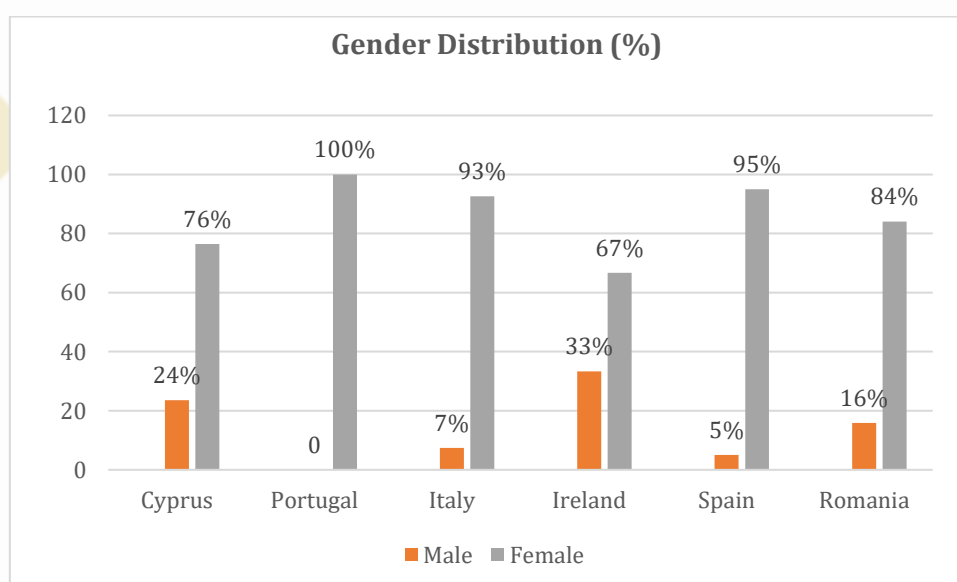


Figure 2: Gender distribution (%)

The age distribution of participants in the training pilot varied across the six countries involved in the partnership (Figure 3, 4). In Cyprus, most participants were aged 25-34 (6 participants) and 35-44 (6 participants). There were 3 participants aged 45-54 and 2 participants over 54. In Portugal, most participants were aged 45-54 (6 participants). There were 4 participants aged 25-34, 3 participants aged 35-44, and 1 participant over 54. In Italy, most participants were aged 45-54 (11 participants). There were 8 participants aged 35-44, 5 participants aged 25-34, and 3 participants over 54. In Ireland, most participants were aged 25-34 (12 participants). There were 6 participants aged 35-44, 4 participants aged 45-54, and 2 participants over 54. In Spain, most participants were aged 25-34 (9 participants). There were 5 participants aged 45-54 and 3 participants aged 35-44. There were no participants over 54. In Romania, most participants were aged 35-44 (23 participants). There were 15 participants aged 45-54, 2 participants aged 25-34, and 4 participants over 54. Overall, the most common age groups among participants were 35-44 and 45-54 (85 participants).

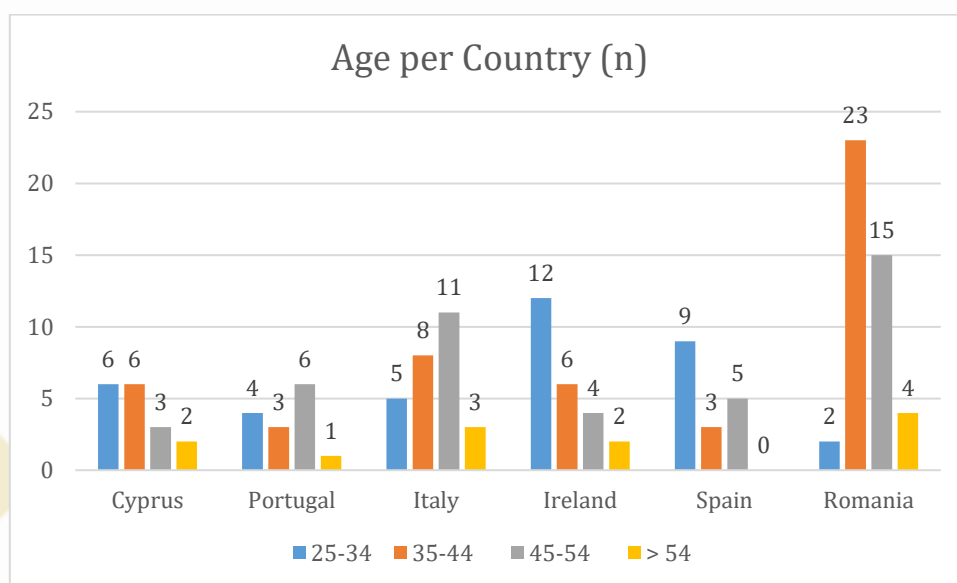


Figure 3: Age per country (n)

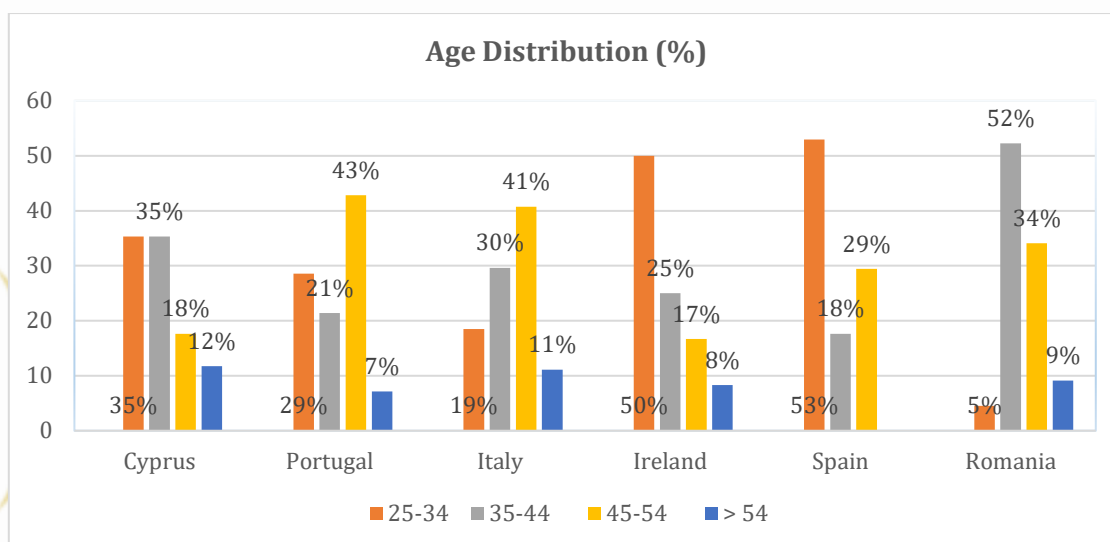


Figure 4: Age distribution (%)

According to Figure 5, the highest qualifications of participants in the training pilot across the six countries show that most participants had either a bachelor's or a master's degree.

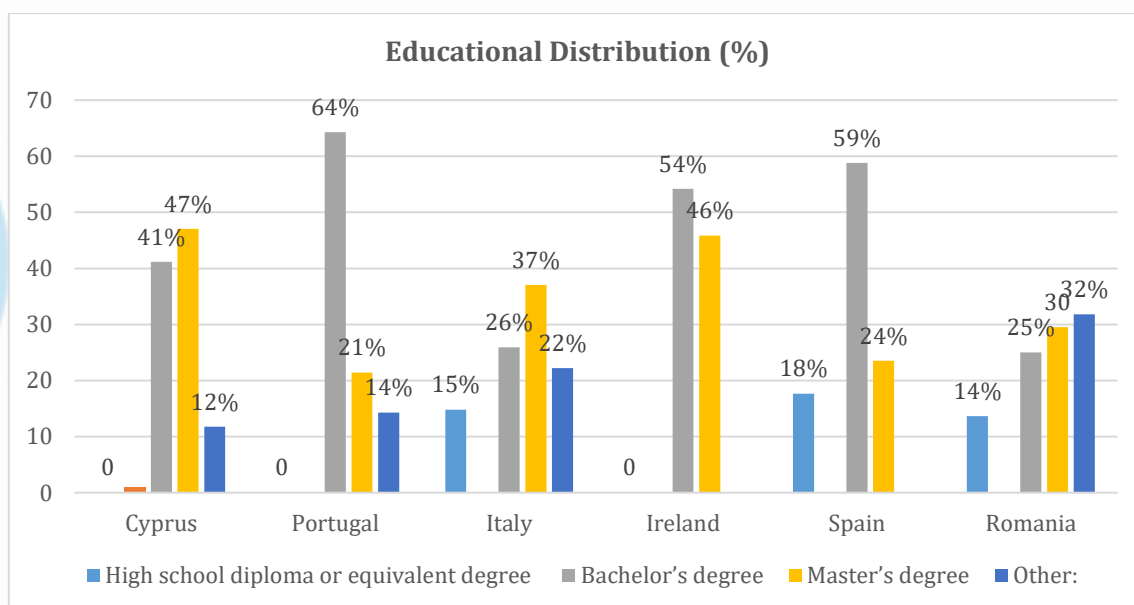


Figure 5: Educational distribution (%)

Most participants were employed in public residential services, with a significant number also working in other roles or in non-public residential services (Table 2).

Table 2: Working situation

	Cyprus	Portugal	Italy	Ireland	Spain	Romania
Please indicate your working situation:						
Employed as a care manager in residential services (public)	18%	53%	33%	50%	53%	32%
Employed as a care manager in residential services (non-public)	0	47%	26%	0	47%	2%
Employed as a care manager in semi-residential services (public)	6%	0	0	0	0	0
Employed as a care manager in semi-residential services (non-public)	0	0	11%	0	0	0
Employed as a care manager in public nursing home (public)	6%	0	0	0	0	2%
Employed as a care manager in non-public nursing home	6%	0	0	0	0	5%
Other:	65%	0	30%	50%	0	59%

Participation in person-centered care leadership training varied across the six countries (Figure 6). In Cyprus, 20% of participants had attended such training, while 80% had not. In Portugal, only 7% had participated, with 93% having not. Italy had 30% who had attended and 70% who had not. In Ireland, all participants (100%) had attended person-centered care leadership training. In Spain, 24% had participated, while 76% had not. In Romania, all participants (100%) indicated that they had not attended any person-centered care leadership training.

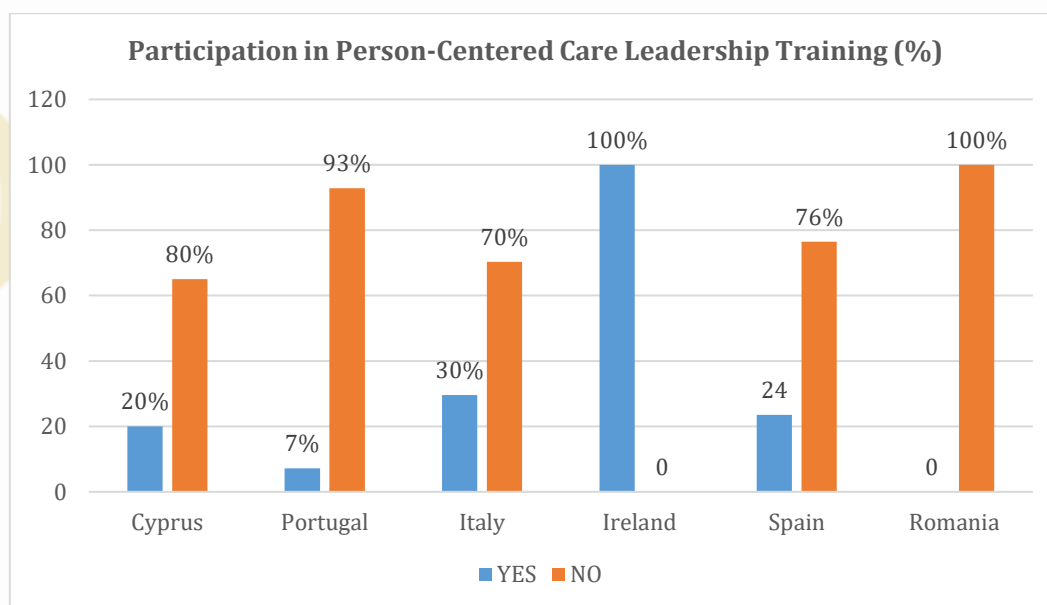


Figure 6: Participation in PCC leadership training (%)

5.2 Quality indicators

Quality indicators play a vital role in the COMPASS project, particularly in assessing the effectiveness of the pilot course. The evaluation of the training involved two main parts: a) Before and after assessments using a custom questionnaire inspired by the Adaptive Leadership Questionnaire¹, and b) rating participant satisfaction with the training, covering content, methodology, and trainers, through a 7-item Likert scale. These methods ensure a thorough understanding of the training's effectiveness and areas for improvement.

A. Main results and the key competences changes between the pre and post questionnaire results

Overall, the data indicates varied changes in responses pre- and post-training across the six countries (CY, SP, IT, PO, IR, RO) (Figure 7). Cyprus showed a slight increase in scores from 3.39 to 3.44, indicating minor improvements in key competencies between the pre- and post-evaluations. Spain's scores remained unchanged at 3.34, reflecting no change in competencies. In contrast, Ireland experienced a decrease in scores from 3.69 to 3.44 after the intervention. Italy, Portugal, and Romania experienced slight improvement in competencies between the pre- and post-evaluations, with scores rising from 3.43 to 3.47, 3.46 to 3.50, and 3.47 to 3.50, respectively. Table 3 presents the training improvement before and after scores along with the percentage change for each country.

Table 3: Training improvements per Country (%)

Training Improvement per Country			
Country	Before Training	After Training	Improvement(%)
Cyprus	3,39	3,44	1,47%
Spain	3,34	3,34	0,00%
Ireland	3,69	3,44	-6,78%
Italy	3,43	3,47	1,17%

¹ This questionnaire has been adapted from "Leadership: Theory and Practice" by Peter Guy Northouse (2016) of SAGE Publications, Inc

Portugal	3,46	3,50	1,16%
Romania	3,47	3,50	0,86%

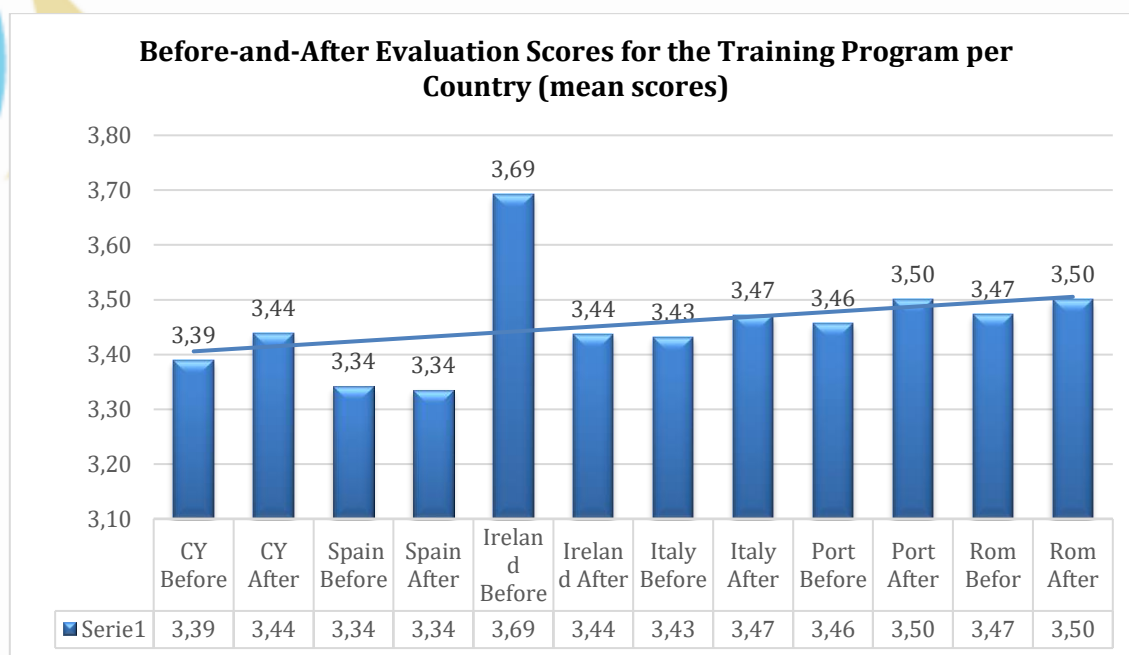


Figure 7: Before and After Evaluation Scores

According to Figure 8, the pre- and post-training competency scores showed significant improvement in "Helping and encouraging colleagues to use a human-centered approach" (from 4.23 to 4.57, achieving 91% strong agreement). Additionally, improvement was observed in "I thrive on helping people find new ways of coping with organizational problems/changes" (from 4.36 to 4.58, achieving 92% strong agreement) and "In challenging situations, I like to observe the parties involved and assess what's really going on" (from 4.20 to 4.27, achieving 85% agreement). This suggests that certain leadership skills were effectively strengthened.

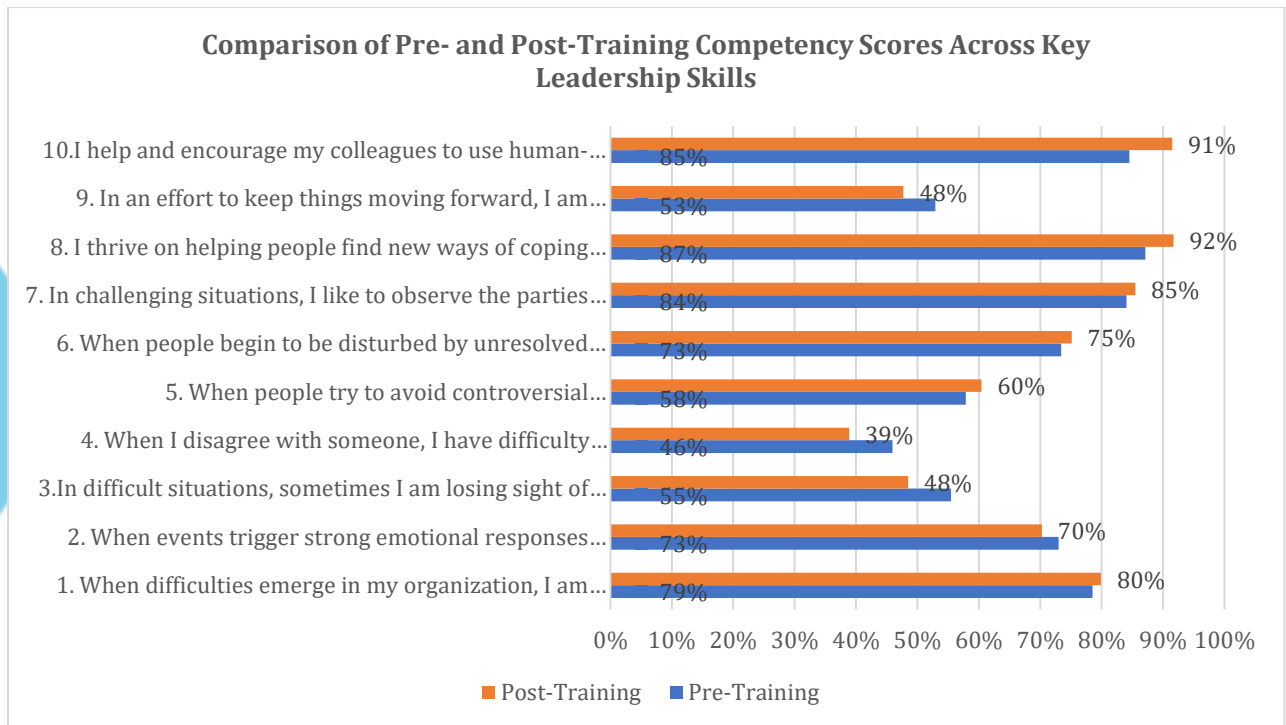


Figure 8: Comparison of Pre- and Post-Training Competency Scores Across Key Leadership Skills

B. Main Results and Key Competency Changes Between Pre and Post Questionnaire Results Per Item Per Country

All items were analysed per country in pre and post.

Specifically, according to the **1st item (Figure 9)** 'how well people from six countries think they can step back and understand team dynamics during difficult times at work', before and after the training, Cyprus starts high at **4.17 but drops to 3.92**, suggesting a decline in the ability to assess team dynamics. Spain improves slightly from **3.82 to 3.85, showing a slight improvement**. Ireland stays the same **at 4.00** in both periods, indicating no perceived change in competencies. Italy improves from **3.88 to 4.10, indicating a slight improvement**. Portugal drops from 3.64 to 3.50. Romania sees a notable increase from 4.05 to 4.60, indicating a significant improvement.

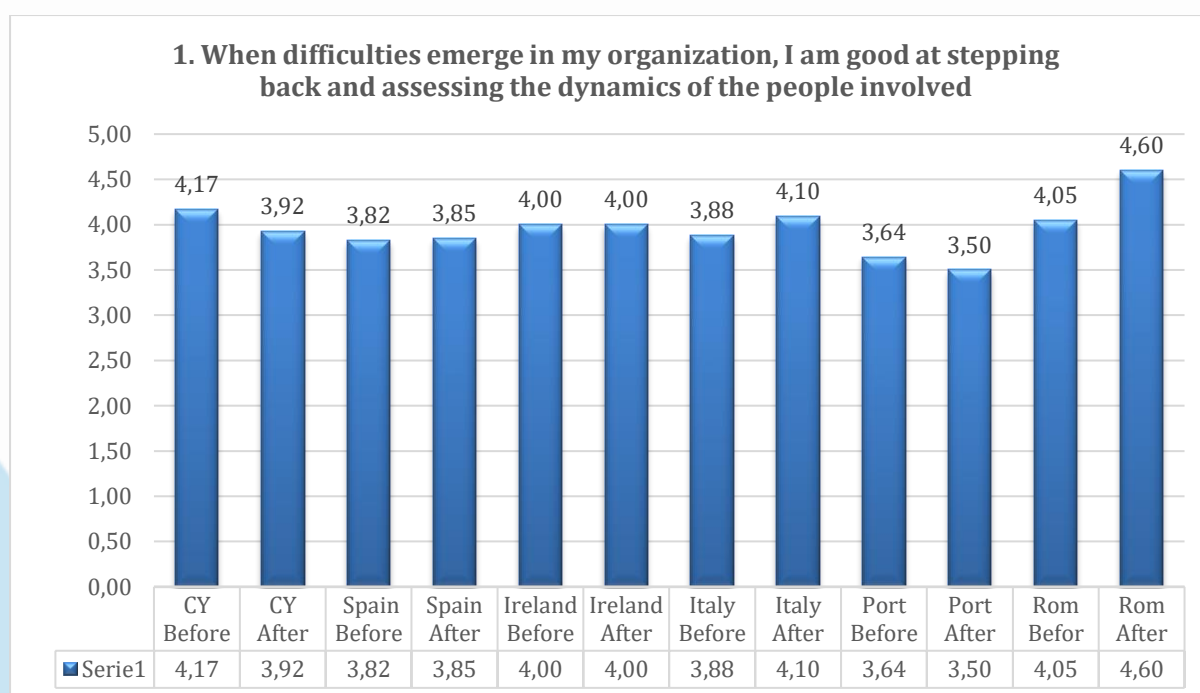


Figure 9: Pre- and Post-Training Scores on Leaders' Ability to Step Back and Assess Team Dynamics in Five Countries

In the **2nd item (Figure 10)**, which measures 'how well leaders in the six countries feel they use their authority to resolve problems when events trigger strong emotional responses among employees,' the results before and after the training show the following trends: Cyprus decreases from 3.39 to 3.08. Spain shows a slight decrease from 3.88 to 3.65, and Portugal drops from 3.43 to 2.88. However, Ireland shows an improvement, increasing from **4.00 to 4.50**, while Italy and Romania both show slight decreases, with scores dropping from 3.52 to 3.38 and from 3.68 to 3.60, respectively. However, the differences observed were not statistically significant between the mean pre-test and post-test scores for this item.

These decreases in Cyprus, Spain, Portugal, Italy and Romania could be due to various factors such as leaders becoming more aware of the complexities involved in using authority effectively, leading to a more critical self-assessment post-training. Alternatively, it might indicate that the training did not adequately address the specific needs or challenges faced by leaders in these countries.

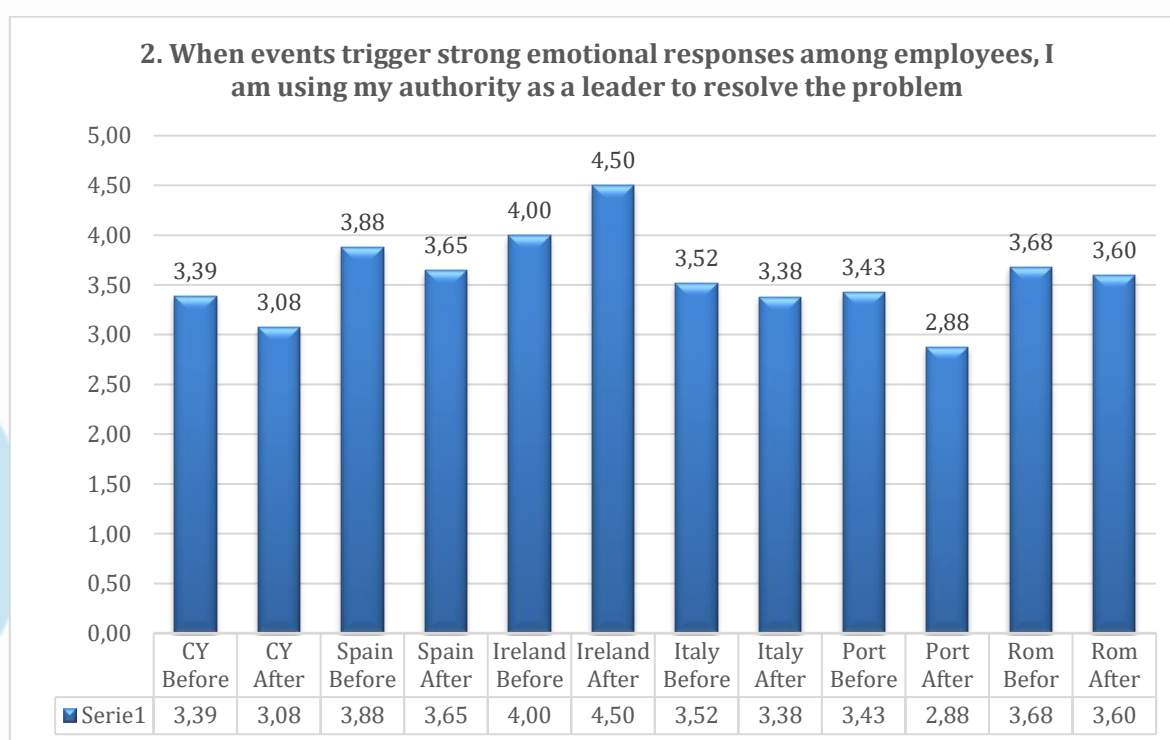


Figure 10: Pre- and Post-Training Scores on Leaders' Use of Authority to Resolve problem in Five Countries

In the **3rd item** (Figure 11), which assesses "the extent to which individuals feel they lose sight of the 'big picture' during difficult situations," the data before and after the interventions shows changes across all six countries. Cyprus drops significantly from 3.22 to 2.15, while Spain shows a slight increase from 2.53 to 2.60. Ireland, Italy, and Romania all experience decreases, with scores dropping from 3.50 to 3.00, 2.27 to 1.80, and 2.76 to 2.24, respectively. Interestingly, Portugal sees an increase from 2.36 to 2.75.

The decreases in Cyprus, Ireland, Italy, and Romania may indicate a need for additional support in helping individuals maintain focus on the big picture during challenging times, despite some improvement observed in Spain and Portugal. However, due to the small differences, there was no statistical significance between the mean pre-test and post-test scores for this item.

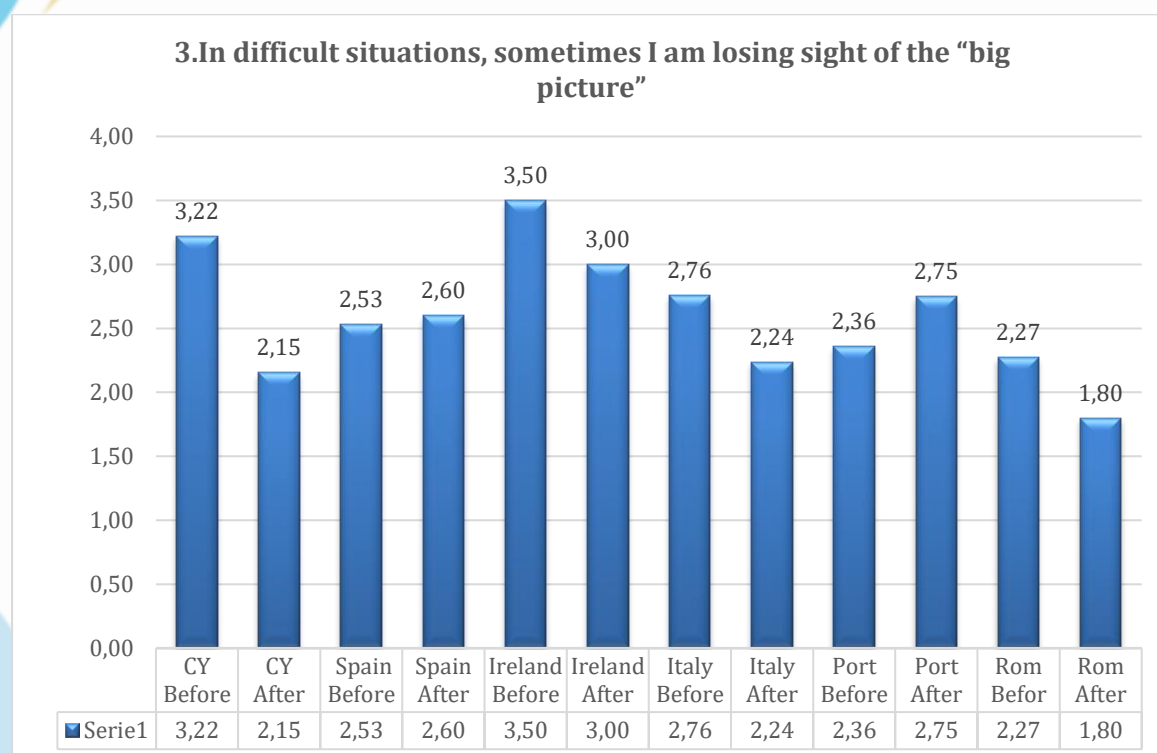


Figure 11: Pre- and Post-Training Scores on Maintaining Perspective During Difficult Situations Across Five Countries

In the 4th item (**Figure 12**), in which 'how individuals perceive their ability to listen effectively when they disagree with someone' before and after the training across the six countries. In Cyprus, the score decreases from **2.33 to 1.85**, indicating an improvement in listening during disagreements. Similarly, Spain shows a slight improvement, with a drop from **1.76 to 1.65**. Ireland sees a decrease from **3.50 to 3.21**, while Italy drops from **2.24 to 1.76**. Portugal also experiences a decrease from **2.21 to 2.00**. Romania shows improvement, with a score decreasing from **1.73 to 1.20**.

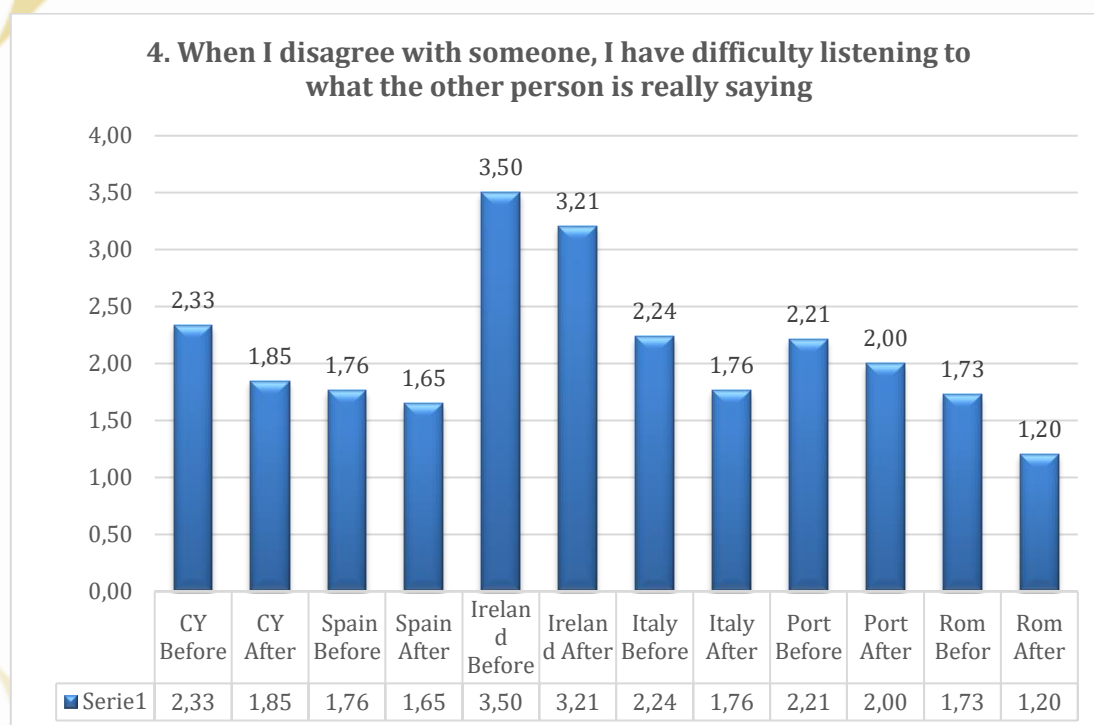


Figure 12: Pre- and Post-Training Scores on Listening Effectiveness During Disagreements Across Five Countries

In the 5th item (Figure 13), which evaluates 'how individuals address controversial organizational issues by bringing conflicts into the open', the data before and after the training across the six countries show various results. In Cyprus, the score increases from **3.00 to 3.15** after training, indicating a slight increase in openness about controversial issues. Similarly, Spain's score rises from **2.24 to 2.50**, reflecting a slight increase in addressing conflicts openly. However, Ireland experiences a decrease from 3.00 to 2.00, suggesting a reduction in openness about controversial issues post-training. Italy increases from **3.48 to 3.57**, while Portugal and Romania show significant improvements, with scores rising from **2.79 to 3.50** and from **2.86 to 3.40**, respectively. However, despite these improvements, there was no statistical significance between the mean pre-test and post-test scores for this item due to the small differences observed.

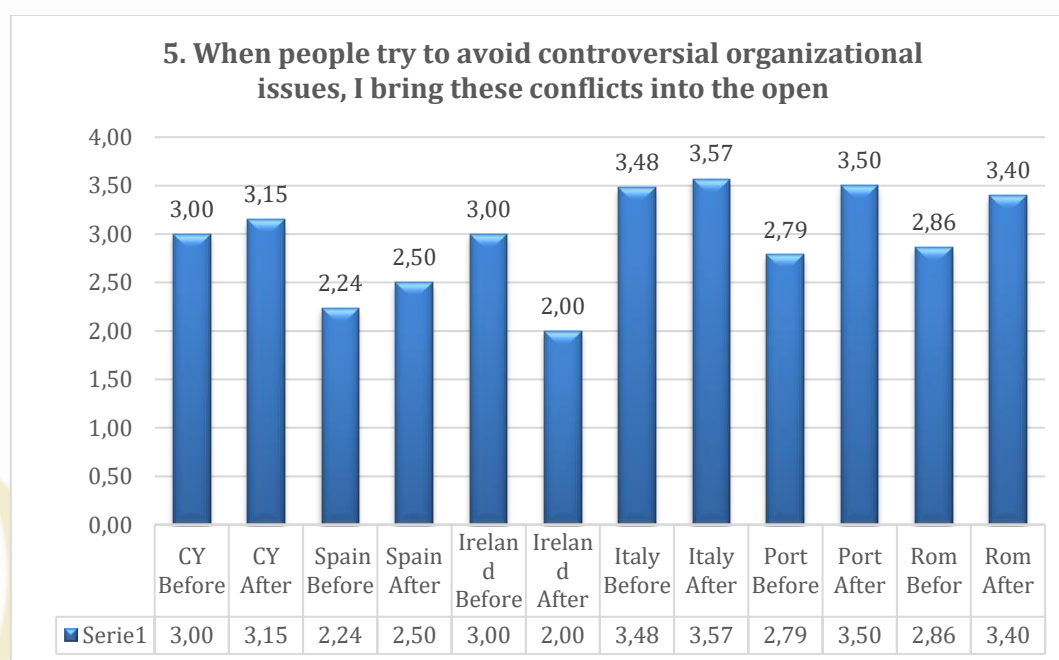


Figure 13: Pre- and Post-Training Scores on Confronting Controversial Organizational Issues Across Five Countries

In the **6th item (Figure 14)**, which 'evaluates encouraging others to address unresolved conflicts' before and after training across the six countries, the data show interesting changes. In Cyprus, the score rises from **3.83 to 4.15**, indicating more encouragement for others to address conflicts. In Spain, the score drops from 4.06 to 3.75, suggesting less encouragement post-training. Ireland also sees a decrease from 2.50 to 2.00, showing reduced support in addressing unresolved conflicts. On the other hand, Italy, Portugal, and Romania see increases, with scores going from **3.84 to 4.43**, **3.79 to 4.00**, and **2.86 to 3.40**, respectively. However, there was no statistical significance between the mean pre-test and post-test scores for this item due to the small differences observed.

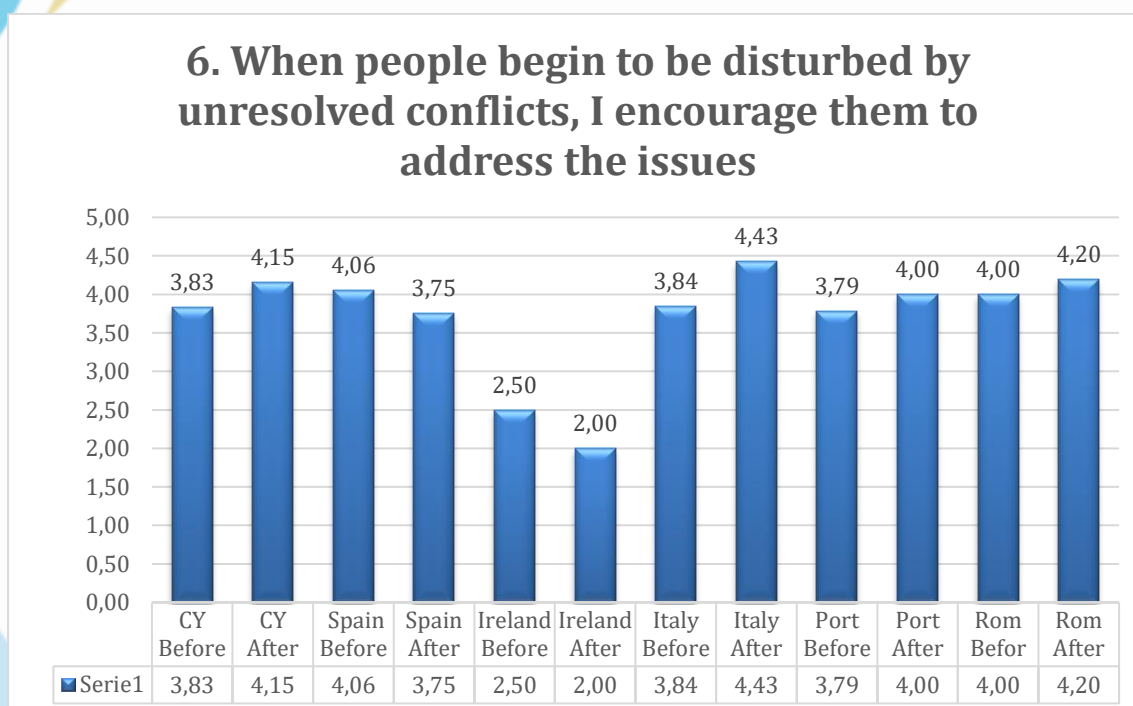


Figure 14: Pre- and Post-Training Scores on Encouraging Others to Address Unresolved Conflicts Across Five Countries

In the 7th item (Figure 15), which 'evaluates individuals' tendency to observe and assess parties involved in challenging situations', the data before and after training across the six countries remained relatively the same. Cyprus shows a slight increase from **4.28 to 4.31** after training, indicating a continued preference for observation and assessment. Spain remains stable with scores of 4.06 before and 4.05 after training. Ireland shows an increase from **4.00 to 4.17**, indicating a slight increase towards observation post-training. Italy maintains scores of **4.00 before and 4.10 after** training, while Portugal rises from **4.29 to 4.63**. Romania also increases from **4.00 to 4.20**, **suggesting increased attention on observing and assessing situations after the training**. Due to the small differences observed, there was no statistical significance between the mean pre-test and post-test scores for this item.

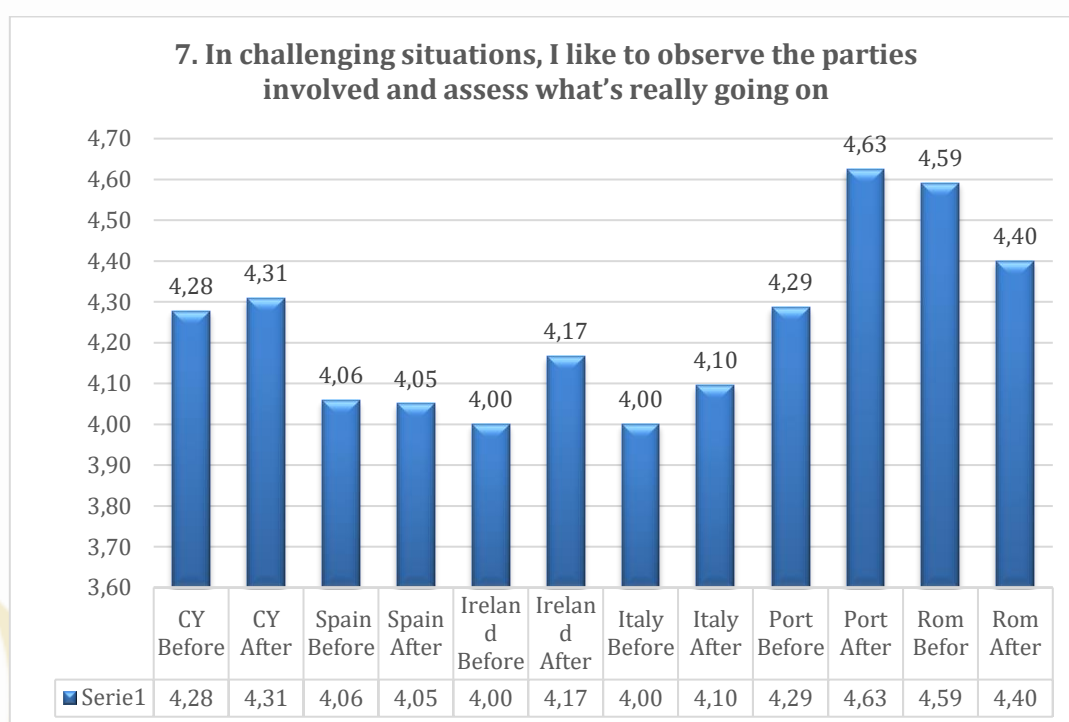


Figure 15: Pre- and Post-Training Scores on Observing and Assessing Parties in Challenging Situations Across Five Countries

In the 8th item (Figure 16), which 'assesses individuals' enjoyment in helping others find new coping strategies for organizational problems or changes', the data before and after training across the six countries shows that Cyprus exhibits an increase from **4.11 to 4.46** after training, showing a stronger tendency towards assisting others. Similarly, Spain's scores rise from **4.47 to 4.65**, indicating increased enjoyment in facilitating coping strategies. Ireland shows improvement from **4.17 to 4.50**, reflecting a heightened commitment to helping others cope. Italy increases from **4.20 to 4.67**, maintaining a consistent focus on assisting with organizational challenges. Portugal also sees an increase from **4.50 to 4.63**, suggesting a commitment in helping others cope effectively after the training. However, Romania shows a slight reduction, with scores dropping from 4.68 to 4.60.

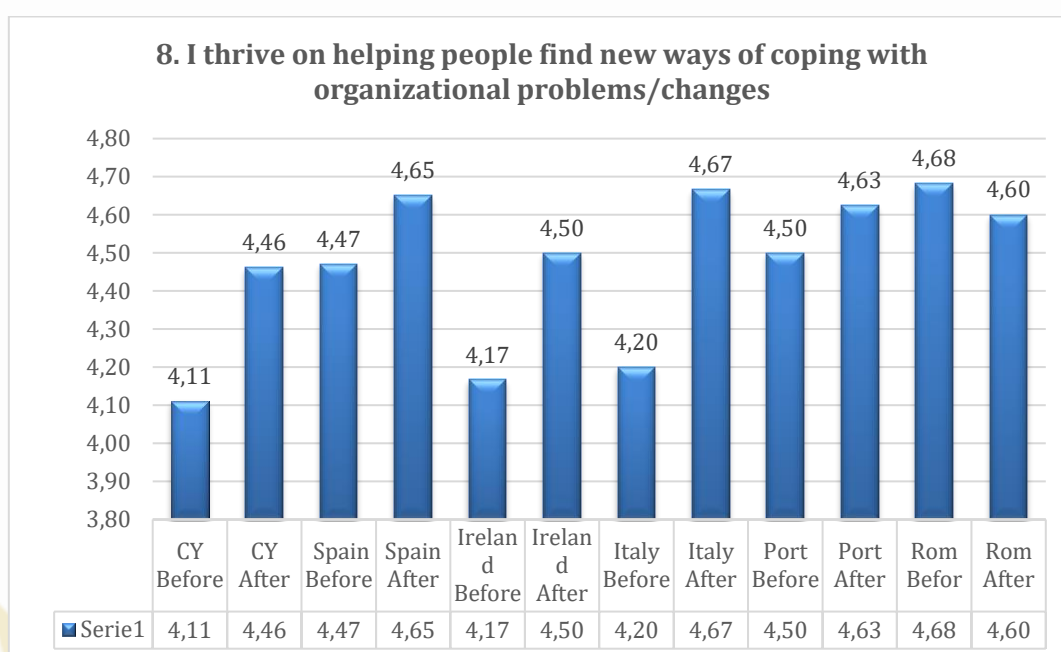


Figure 16: Pre- and Post-Training Scores on Helping Others Cope with Organizational Problems/Changes Across Five Countries

In the **9th item (Figure 17)**, which ‘assesses the tendency to allow avoidance of troublesome issues in efforts to maintain progress’, the data before and after training across the six countries show varied changes. Cyprus increases from **2.17 to 2.54** after training, indicating a shift towards addressing issues rather than allowing avoidance. Spain decreases from **2.41 to 2.15**, suggesting reduced tolerance for issue avoidance post-training. Ireland significantly decreases from **4.08 to 2.50**, reflecting a stronger commitment to addressing issues. Italy and Romania see slight increases, with scores rising from **1.80 to 1.90** and from **2.41 to 2.60**, respectively, while Portugal decreases from **3.00 to 2.63**. Due to the small differences observed, there was no statistical significance between the mean pre-test and post-test scores for this item.

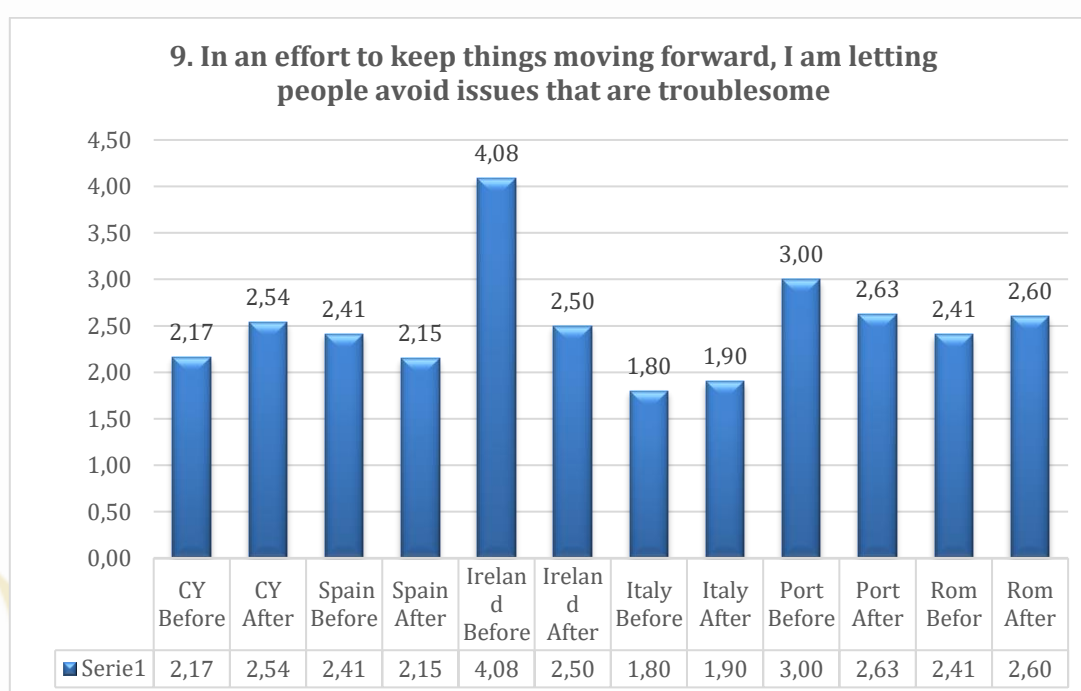


Figure 17: Pre- and Post-Training Scores on Addressing Troublesome Issues Across Five Countries

In the **10th item (Figure 18)**, which ‘evaluates the extent to which individuals help and encourage their colleagues to use a human-centered approach (humanistic care/person-centered care)’, the data before and after training across the six countries demonstrate substantial improvements. Cyprus increases from **3.39 to 4.77** after training, indicating a significant boost in promoting human-centered care. Similarly, Spain shows an increase from **4.18 to 4.50**, reflecting enhanced encouragement of this approach. Ireland maintains a high score of **4.17 before and after training**, emphasizing continued support for human-centered care. Italy decreases slightly from 4.60 to 4.57, maintaining advocacy for this approach. Portugal shows a slight decrease from **4.57 to 4.50**, while Romania increases from **4.45 to 4.60**. These results highlight the positive impact of training on promoting human-centered care among colleagues across the countries studied. However, due to the small differences observed, there was no statistical significance between the mean pre-test and post-test scores for this item.

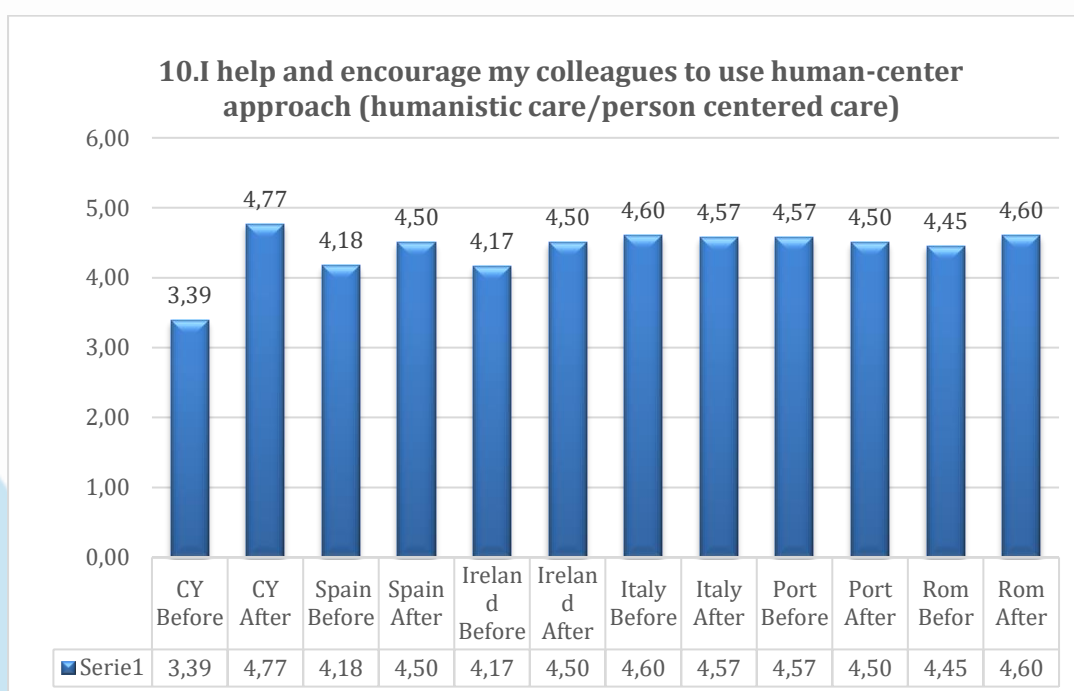


Figure 18: Pre- and Post-Training Scores on Promoting Human-Centered Approach Among Colleagues Across Five Countries

B. Learners' satisfaction

This evaluation provides an overview of how the training programme was received in the six countries, highlighting both strengths and areas for improvement. The overall satisfaction scores from the three sections of the questionnaire (Figure 18) indicate a generally high level of approval among participants. The 'Evaluation of the Organization of the Training', received **90.21% satisfaction**, reflecting positive feedback on the structure and organization of the training. The 'Trainers Evaluation' section was rated the highest at **93.13%**, showing strong appreciation for the trainers' knowledge, communication skills, friendliness, and accessibility. Finally, the 'Evaluation of the Training Programme', scored **88.76%**, the lowest among the three sections, yet still demonstrating a strong level of approval, with participants valuing the relevance and clarity of the content, the structure of the platform, and the quality of multimedia elements.

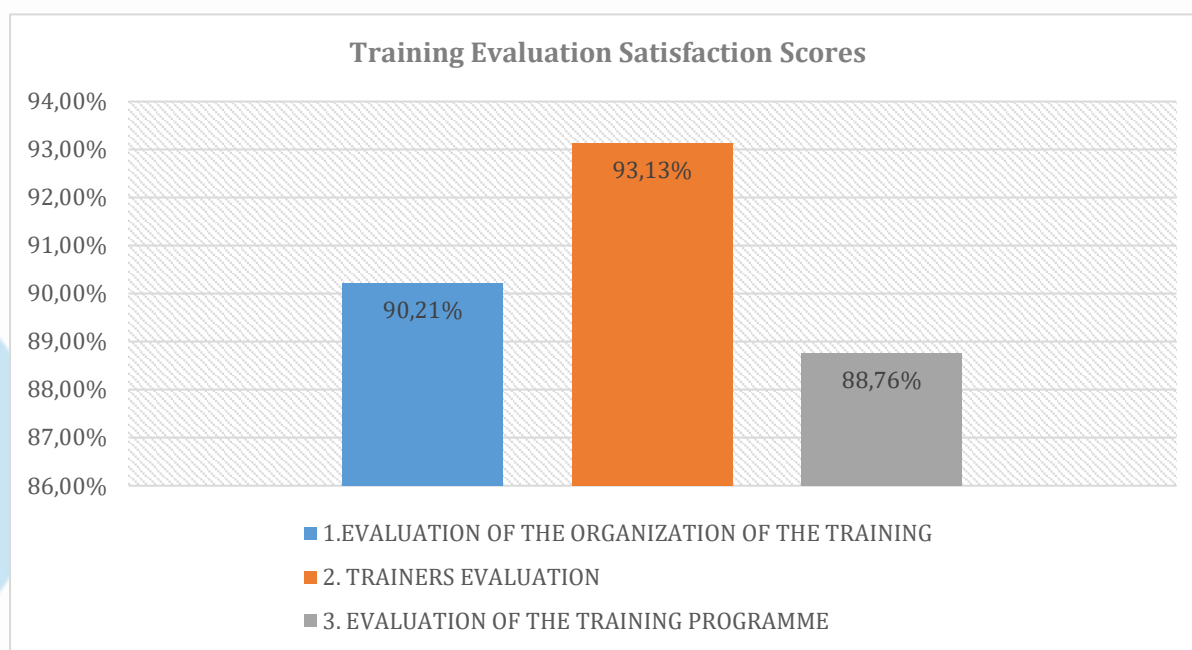


Figure 19: Overall Training Evaluation Satisfaction Scores (%)

Learners' Satisfaction by Country

Moreover, learners' satisfaction varied across countries in the training evaluation. Specifically, in the first section of the Organization of the Training (Figure 18/Table 6), the average scores

indicate general satisfaction across all countries, with Romania having the highest total mean score (6.83/7.00) and Spain the lowest (5.64/7.00). Most countries fell within a close range, suggesting a generally positive but variable experience.

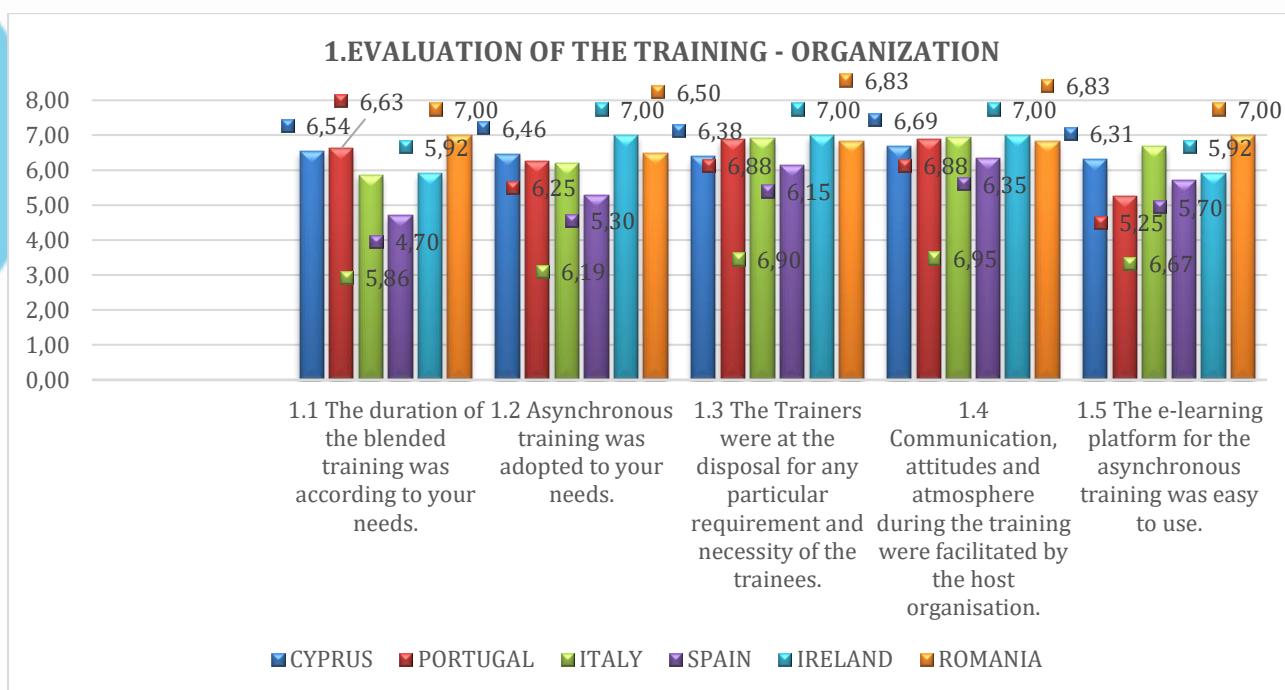


Figure 20: Evaluation of the Training - Organization (mean scores)

Table 4: Evaluation of the Training - Organization (Overall Mean Scores)

1.Evaluation of the Training - Organization (Total Mean Scores)						
	CYPRUS	PORTUGAL	ITALY	SPAIN	IRELAND	ROMANIA
QUESTION						
1.1	6,54	6,63	5,86	4,70	5,92	7,00
1.2	6,46	6,25	6,19	5,30	7,00	6,50
1.3	6,38	6,88	6,90	6,15	7,00	6,83
1.4	6,69	6,88	6,95	6,35	7,00	6,83
1.5	6,31	5,25	6,67	5,70	5,92	7,00
Overall Mean Scores	6,48	6,38	6,51	5,64	6,57	6,83

In the second section evaluating Trainers during the training (Figure 19/Table 7), the total mean scores reflect overall positive evaluations of the trainers, with Romania achieving the highest score (7.00) and Spain the lowest (5.83/7.00). This pattern suggests a generally favourable

impression of trainer effectiveness, but also highlights areas for improvement, particularly in Spain.

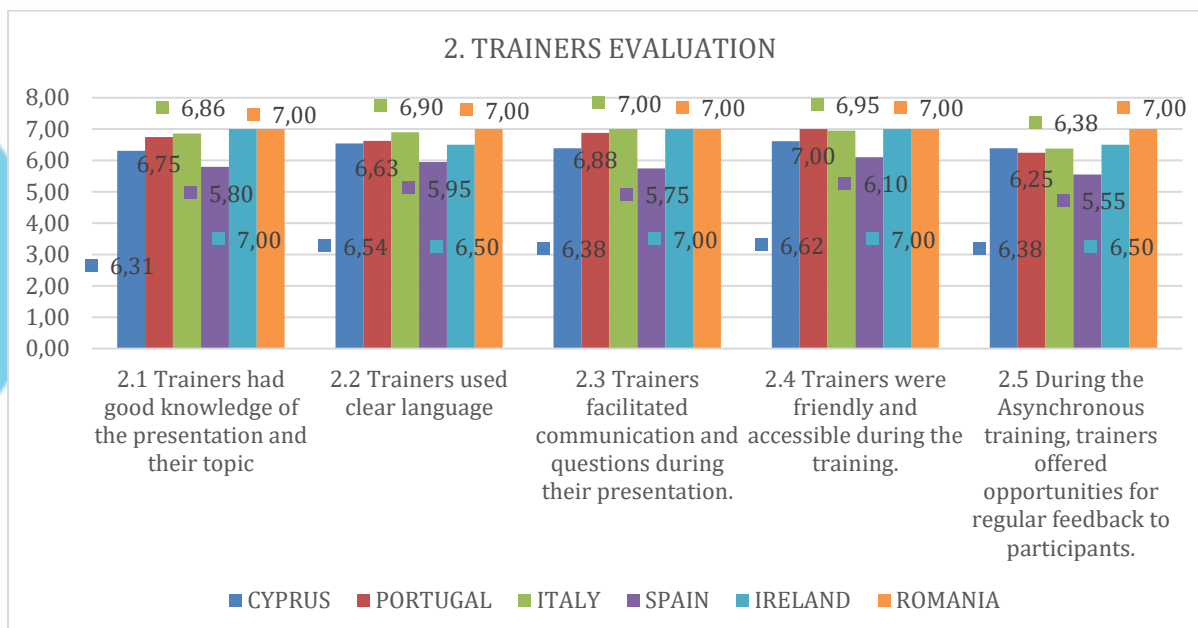


Figure 21: Evaluation of the Trainers

Table 5: Evaluation of the Trainers (Overall Mean Scores)

2. TRAINERS EVALUATION (Total Mean Scores)						
Questions	CYPRUS	PORTUGAL	ITALY	SPAIN	IRELAND	ROMANIA
2.1	6,31	6,75	6,86	5,80	7,00	7,00
2.2	6,54	6,63	6,90	5,95	6,50	7,00
2.3	6,38	6,88	7,00	5,75	7,00	7,00
2.4	6,62	7,00	6,95	6,10	7,00	7,00
2.5	6,38	6,25	6,38	5,55	6,50	7,00
Overall Mean Scores	6,45	6,70	6,82	5,83	6,80	7,00

In the third section, evaluating the training programme (Figure 20/Table 8), Romania achieved the highest total mean score (6.82/7.00), indicating a generally positive reception of the training program, while Spain had the lowest total mean score (5.49/7.00), indicating potential areas for improvement.

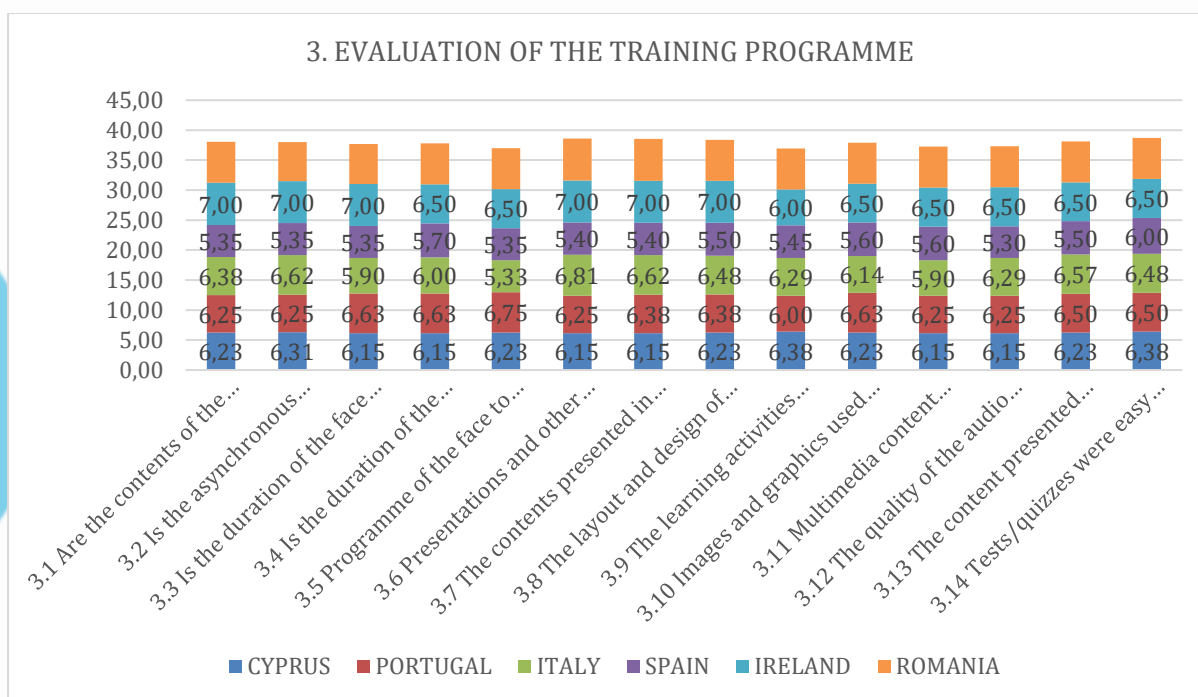


Figure 22: Evaluation of the training programme

Table 6: Evaluation of the training programme (Overall Mean Scores)

3.Evaluation of the training programme (Total Mean Scores)						
Questions	CYPRUS	PORTUGAL	ITALY	SPAIN	IRELAND	ROMANIA
3.1	6,23	6,25	6,38	5,35	7,00	6,83
3.2	6,31	6,25	6,62	5,35	7,00	6,50
3.3	6,15	6,63	5,90	5,35	7,00	6,67
3.4	6,15	6,63	6,00	5,70	6,50	6,83
3.5	6,23	6,75	5,33	5,35	6,50	6,83
3.6	6,15	6,25	6,81	5,40	7,00	7,00
3.7	6,15	6,38	6,62	5,40	7,00	7,00
3.8	6,23	6,38	6,48	5,50	7,00	6,83
3.9	6,38	6,00	6,29	5,45	6,00	6,83
3.10	6,23	6,63	6,14	5,60	6,50	6,83
3.11	6,15	6,25	5,90	5,60	6,50	6,83
3.12	6,15	6,25	6,29	5,30	6,50	6,83
3.13	6,23	6,50	6,57	5,50	6,50	6,83
3.14	6,38	6,50	6,48	6,00	6,50	6,83
Overall Mean Scores	6,23	6,40	6,27	5,49	6,68	6,82

Open Questions:

In the question do you have any other comments or suggestions regarding the training programme, participants provided valuable feedback regarding the training programme:

From Portugal (POR):

"The e-learning platform is not appealing. There are some improvements needed, and some quiz questions were not clear".

From Italy (IT):

"The topics covered are extensive, and I would have appreciated more face-to-face meetings tailored to my needs".

"Very interesting and thought-provoking course. Thank you".

From Romania (ROM):

'The training program was appropriate and met my training needs as a participant'.

'Very well structured and presented, the only suggestion would be to try to disseminate the information and experience to as many people as possible who are involved in social assistance and who do not have facilities in terms of free training'

'It would be good - a follow-up program and a further one with the same theme and structure!'

'I want to repeat the experience'.

These insights highlight areas for potential improvement in the e-learning platform's usability and quiz clarity, as well as suggestions for more personalized face-to-face interactions. Overall, participants found the course engaging and enriching, contributing positively to their learning experience.

6. Constraints and future directions

Although the results indicate improvements in adaptive leadership skills across several areas, the expected 30% increase was not fully achieved. This may be due, in part, to the fact that some items showed an increase in scores post-training, with certain areas improving significantly. For example, **"Helping and encouraging colleagues to use a human-centered approach"** increased from 4.23 to 4.57, achieving 91% strong agreement, as shown in Figure 7. Additionally, **"I thrive on helping people find new ways of coping with organizational problems/changes"** improved from 4.36 to 4.58, reaching 92% strong agreement, and **"In challenging situations, I like to observe the parties involved and assess what's really going on"** increased from 4.20 to 4.27, achieving 85% agreement. This suggests that certain leadership skills were strengthened effectively.

It is also important to recognize that some skills require long-term practice before noticeable improvement occurs. However, even if the scores did not increase significantly, the training likely enhanced participants' awareness and understanding of leadership skills. Additionally, a limitation of the self-assessment questionnaire may have influenced the results, as participants may have become more aware of their weaknesses, impacting their post-training scores. Furthermore, cultural and workplace differences may have affected how well the training was applied. This evaluation provides an overview of how the training was received across the participating countries, highlighting both strengths and areas for improvement. Romania achieved the highest scores for training organization and trainer effectiveness, while Spain received the lowest, indicating space for improvement. In response to an open-ended question, several participants noted that the training program was appropriate and met their needs. Specifically, they described the training as "very well structured and presented" and suggested that efforts should be made to disseminate information to professionals in social assistance who lack access to free training. Participants also expressed a desire for a follow-up program with the same theme and structure. However, some participants also identified specific issues, including the usability of the e-learning platform, unclear quiz questions, and a desire for more personalized face-to-face sessions. Despite these concerns, the training was generally seen as engaging and valuable. Addressing the identified issues will be crucial for improving the training program for all learners.

Project partners:

