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NECESIDAD DE FORMAR A LOS CUIDADORES DE PERSONAS EN SITUACIÓN DE DEPENDENCIA: COMUNICACIÓN Y RESPUESTA DESDE LA UCM

Need to train caregivers of people in situations of dependency: communication and response from the UCM

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Resumen

Recientemente se está incrementando la necesidad de proporcionar cuidados a las personas con diverso grado de dependencia y vulnerabilidad, que cada vez viven más años debido fundamentalmente a dos razones: los avances científicos en el ámbito de la salud y los cambios familiares, laborales y sociales. Estos cuidados suelen ser impartidos por familiares -principalmente mujeres- que deben ocuparse durante las 24 horas del día en la soledad del domicilio de estas personas, sin hablar, sin comunicarse y muchas veces sin recibir un *feedback* que anime a seguir. Se trata de una tarea difícil y prolongada, sin apenas reconocimiento, aunque también pueda despertar facetas insospechadas que enriquezcan al cuidador. Lógicamente estos realizan su inestimable labor con más voluntad, interés y dedicación que conocimientos, porque nadie les ha indicado claramente cómo debe realizarla. En consecuencia, desde una universidad pública como la Universidad Complutense de Madrid, una institución educativa con una clara vocación de servicio surge una oferta formativa para estos cuidadores con el claro objetivo de paliar esta necesidad creciente.

Palabras clave: comunicación; cuidadores; dependencia; emoción, formación.

Abstract

Recently, the need to provide care for people with different degrees of dependency and vulnerability is growing, and they are living longer, mainly due to two reasons: scientific advances in the field of health and family, work and social changes. This care is usually

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given by family members -mainly women- who must work 24 hours a day in the solitude of their homes, without speaking, without communicating and often without receiving feedback that encourages them to follow. It is a difficult and prolonged task, with little recognition, although it can also awaken unsuspected facets that enrich the caregiver. Logically they perform their invaluable work with more will, interest and dedication than knowledge, because no one has clearly indicated how to perform it. Consequently, from a public university such as the Complutense University of Madrid, an educational institution with a clear vocation for service, a training offer for these caregivers emerges with the clear objective of alleviating this growing need.

Keywords: communication; caregivers; dependence; emotion, training.

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1. INTRODUCTION

The need to provide quality care to an increasingly numerous dependent population obliges educational organisations to respond from a training point of view, planning and offering an appropriate curricular offer so that the so-called "non-professional carers" can communicate and develop their functions in the best possible way to these people in a situation of dependency and vulnerability, whether temporary or permanent. It is therefore a question of offering a response to the growing training needs of carers, but also of being in tune with the application of Law 39/2006 of 14 December, on the Promotion of Personal Autonomy and Care for Dependent Persons, favouring its development.

2. BACKGROUND AND JUSTIFICATION

The demographic and sociological changes that have taken place over the last few decades in the Spanish population are causing new and growing needs in the assistance and care of an enormous number of people in a situation of vulnerability and dependence and, consequently, great difficulties for their vital development.

On the other hand, the scientific advances that have taken place have led to high population rates that have managed to chronify the morbidity or disability of these people suffering from diseases such as cancer or AIDS, as well as high rates of ageing in the population, which has been called "the ageing of ageing". All of this is leading to the rise in the presence - in many cases forced - of "non-professional carers", close relatives or hired persons, with more enthusiasm than knowledge, with more attitude than aptitude, who provide such care without the adequate preparation to offer these dependent people a service in accordance with their needs.

These scientific, demographic and sociological changes demand, on the one hand, the need to guarantee the stability of resources and services and, therefore, the increase and updating of social and health services, as well as the essential modifications in family behaviour, and on the other hand, to offer an increase in the appropriate training offer for these "non-professional carers", with the aim of providing efficient attention and thus ensuring essential care for these dependent or vulnerable people.

2.1 The rise in the need for care provision. The situation in Spain

The Spanish National Health Survey (ENSE) 2017 with respect to the need to provide care, reflects[2]:

- The ageing of the resident population in Spain. (2018, p.1)
- The increase in the prevalence of chronic diseases, metabolic cardiovascular risk factors (diabetes, hypertension, hypercholesterolemia, obesity...), and diseases of the locomotor system (osteoarthritis, low back pain), and the population with functional limitations and disability is also increasing. (2018, p. 1)
- Mobility limitation is the main cause of disability. In the over-64 age group, it affects 45.3%. In this same age group, 44.1% reported hearing difficulties, slightly above the 41.7% reported in 2014, and 24.3% reported visual difficulties, similar to previous years. For the first time, cognitive difficulties are explored, reaching 31.3% of the population aged 65 and over. (2018, p. 5).

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[2] Encuesta Nacional de Salud. España 2017.
https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176783&menu=resultados&idp=1254735573175 (Consultado 15-02-2019).
Nota Técnica. (2018) Ministerio de Sanidad, Consumo y Bienestar Social. Gobierno de España. https://www.mscbs.gob.es/estadEstudios/estadisticas/encuestaNacional/encuestaNac2017/ENSE2017_notatecnica.pdf (Consultado 15-02-2019).

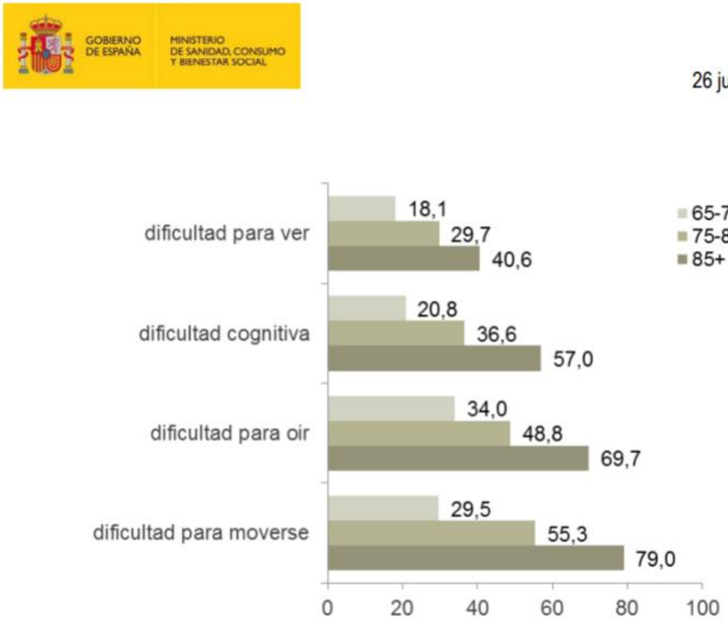

Figura 1

- Two out of ten elderly people (19.6%) report some degree of difficulty in some personal care activity (feeding, sitting and getting up, dressing, going to the toilet, showering), more often women (24.5%) than men (13.2%).
- Of the people with difficulties, 84.9% have technical or personal aids for at least one of the activities, but 57.7% need help or more help than they have.
- In the case of domestic activities (preparing food, using the telephone, shopping, taking medication, light and heavy housework, managing money), one out of every two persons aged 65 and over (52.4%) has some degree of difficulty in some of them, more often women (64.1%) than men (37.3%). Of these, 80.4% have technical or personal help to carry out at least one of the activities and 43.4% need help or more help than they have. (2018, p. 6).

2.2 The rise in the need for care. The situation in the world

According to the World Report on Disability (2011: 7-8)[3]:

- It is estimated that more than one billion people live with some form of disability; that is, about 15% of the world's population (according to estimates from the World Disability Report Summary World Population 2010).

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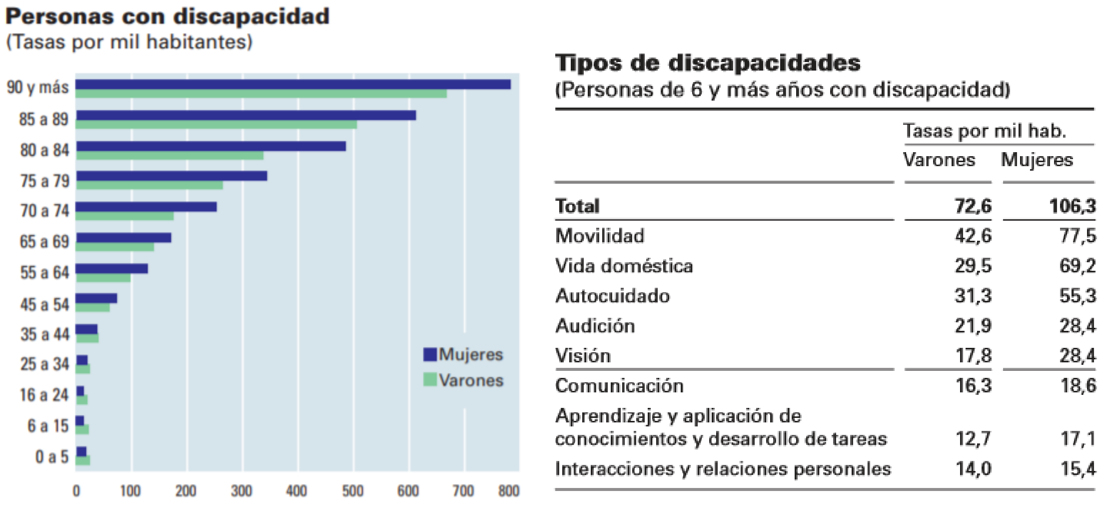
[3] https://www.who.int/disabilities/world_report/2011/summary_es.pdf?ua=1 (Consultado 15-02-2019)

- According to the World Health Survey, about 785 million people (15.6%) aged 15 and over live with a disability, while the Global Burden of Disease project estimates a figure of about 975 million (19.4%).
- The World Health Survey reports that, of the estimated total number of people with disabilities, 110 million (2.2%) have very significant difficulties in functioning, while the Global Burden of Disease puts the number of people with a "severe disability" (the equivalent of disability associated with conditions such as quadriplegia, major depression or blindness) at 190 million (3.8%).
- The Global Burden of Disease alone measures childhood disabilities (0-14 years), with an estimated 95 million children (5.1%), 13 million of whom (0.7%) have "severe disability".

2.3 The results of the Survey on Disability, Personal Autonomy and Situations of Dependency (DIDSS)

The data available in Spain from the National Institute of Statistics correspond - in the absence of the promised 2017 update - to those corresponding to the Survey on Disability, Personal Autonomy and Dependency Situations (EDAD) for the year 2008.

In 2008 there are residents in households who claim to have a disability or limitation. The study of the characteristics of disability has focused on the population aged 6 years and over, since for minors the prognosis of evolution is uncertain and only limitations adapted to their age are analysed. For people aged 6 years and over, the disability rate is 89.7 per thousand inhabitants. 3.85 million people 85.5 per thousand.



Tipos de discapacidades
(Personas de 6 y más años con discapacidad)

	Tasas por mil hab.	
	Varones	Mujeres
Total	**72,6**	**106,3**
Movilidad	42,6	77,5
Vida doméstica	29,5	69,2
Autocuidado	31,3	55,3
Audición	21,9	28,4
Visión	17,8	28,4
Comunicación	16,3	18,6
Aprendizaje y aplicación de conocimientos y desarrollo de tareas	12,7	17,1
Interacciones y relaciones personales	14,0	15,4

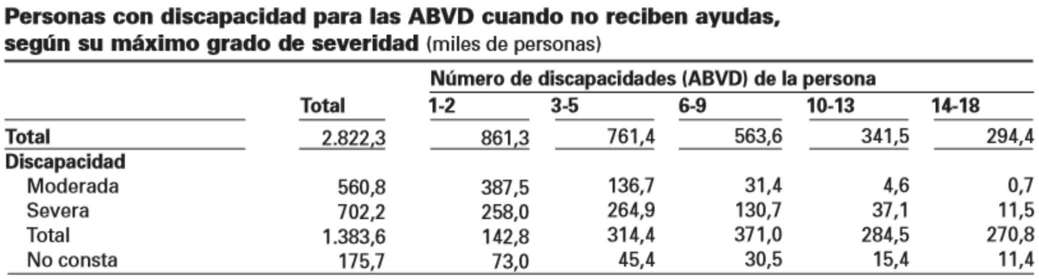
Figure 2

Mobility, the most common: 67.2% of these people have limitations in moving or transferring objects, 55.3% have problems related to domestic tasks and 48.4% to personal care and hygiene tasks.

What causes the most disability: the most frequent impairment is osteoarticular: due to a problem in bones and joints, 42.0% of people have a disability. But the impairment that causes the highest number of disabilities per person is mental impairment: 11.6 compared to an average of 8.7 for people with disabilities.

With regard to the different types of disabilities, those that prevent people from carrying out Basic Activities of Daily Living (BADL) stand out because they generate dependency:

The number of these people is 2.8 million and accounts for 6.7% of the population (2008, p. 3).



Personas con discapacidad para las ABVD cuando no reciben ayudas, según su máximo grado de severidad (miles de personas)

		Número de discapacidades (ABVD) de la persona				
	Total	1-2	3-5	6-9	10-13	14-18
Total	2.822,3	861,3	761,4	563,6	341,5	294,4
Discapacidad						
Moderada	560,8	387,5	136,7	31,4	4,6	0,7
Severa	702,2	258,0	264,9	130,7	37,1	11,5
Total	1.383,6	142,8	314,4	371,0	284,5	270,8
No consta	175,7	73,0	45,4	30,5	15,4	11,4

Figure 3

2.4 The profile of “non-professional carers” in Spain

It corresponds to that of a woman who combines domestic work with the tasks of caring for a close relative: father, brother, husband or son, which tends to cause both physical and emotional overload caused by two outstanding factors: the necessary continuous dedication to care and her lack of information and training to carry out her task as a "non-professional carer" in a safe and efficient manner.

The growing figure of the "non-professional carer" is also emerging, hired by family members who cannot take care of the person in a situation of vulnerability and dependency. These are untrained carers, many of them of South American origin or from Eastern European countries: Romania, Bulgaria or Belarus, who have recently come to Spain, most of whom are unfamiliar with the basic rules of hygiene, prevention and the main tasks of care.

Both types of "non-professional carers" carry out their work continuously, in hours that in most cases tend to be excessive, without adequate salary recognition and with a tremendous sense of loneliness and social recognition for their work (Burnout Syndrome as illustrated in carers of Alzheimer's patients by Martínez Pérez, 2010), which is why they often end up suffering from somatisation of illnesses, sleep disorders or psychological imbalances that lead to depressive states.

The National Health Survey Spain (2017) refers:

> Informal carers of older people with health problems or chronic conditions provide indirect information on possible gaps in long-term care services. According to the ENSE 2017 data, they remain stable compared to 2014. 11.2% of respondents reported providing care at least once a week, more often women (12.9%) than men (9.5%). Care is most frequently provided to the elderly or sick between the ages of 45 and 64. 27.1% of informal carers in class I declare that they spend 20 or more hours per week, compared to 55% in class VI. (Spanish National Health Survey, 2018, p. 6).

The Survey on Disability, Personal Autonomy and Situations of Dependency reports that:

> More than two million people with disabilities receive personal care or supervision. These tasks are provided by people close to them or hired for this purpose.
>
> Three out of four main carers are women. The profile of the main carer is a woman, aged between 45 and 64, who lives in the same household as the person for whom she provides care.

Problems of primary caregivers. Caregivers experience difficulties in carrying out their tasks. In addition, their health and personal life are affected. Within the personal care tasks, the main difficulty carers encounter is the lack of physical strength to perform them. As for the consequences for their health, the majority of them say that they feel tired and a significant part of them even see their health deteriorating. (The Survey on Disability, Personal Autonomy and Situations of Dependency, 2008, p. 4).

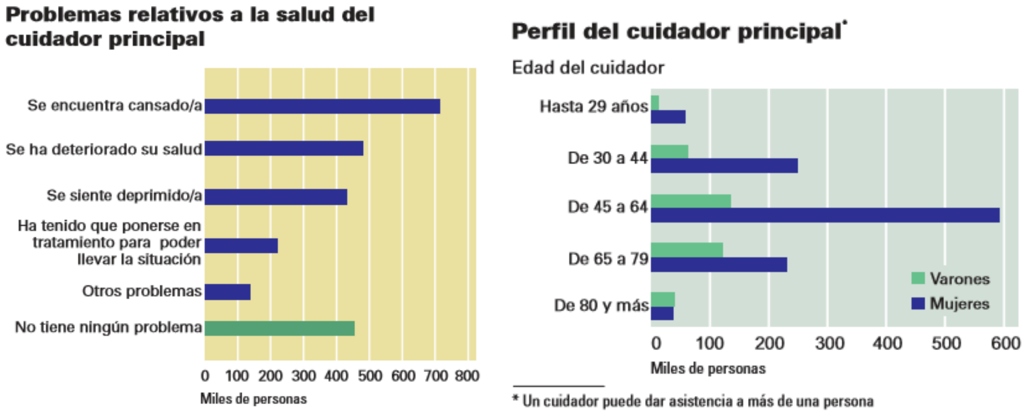


Figure 4

For Artaza Artabe, I. and Ramos Cordero, P.:

1) The profile of the caregiver could be defined by:
a) Female (88,5 %)
b) Between 31 and 60 years old (82,5 %)
c) With secondary or higher education (88 %)
d) Who combines care and work (63,5 %)

2) The carer tends to become more professional:
a) Has been caring for more than 3 years (70 %).
b) Spends more than 6 hours/day (62 %)
c) His/her work is predominantly urban (68 %)

3) The caregiver is mostly:
a) Unrelated (52,5 %)
b) Does not live with the cared-for person (68 %)
c) Cares mostly at the home of the person being cared for (87 %)
d) Receives supplementary help (69 %)

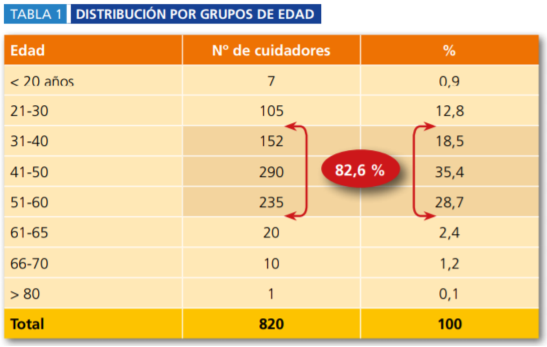


TABLA 1 DISTRIBUCIÓN POR GRUPOS DE EDAD

Edad	Nº de cuidadores	%
< 20 años	7	0,9
21-30	105	12,8
31-40	152	18,5
41-50	290	35,4
51-60	235	28,7
61-65	20	2,4
66-70	10	1,2
> 80	1	0,1
Total	**820**	**100**

82,6 %

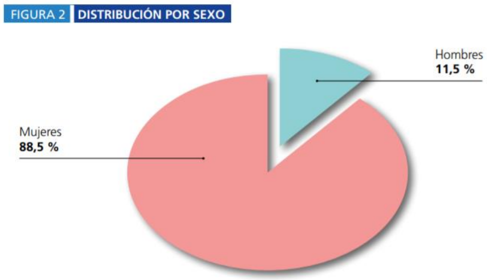


FIGURA 2 DISTRIBUCIÓN POR SEXO

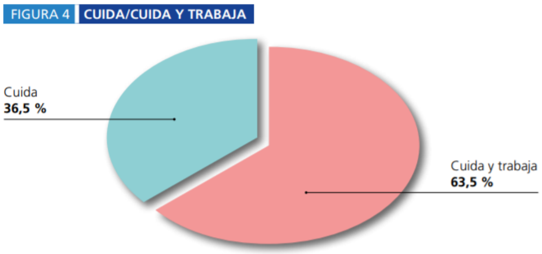


FIGURA 4 CUIDA/CUIDA Y TRABAJA

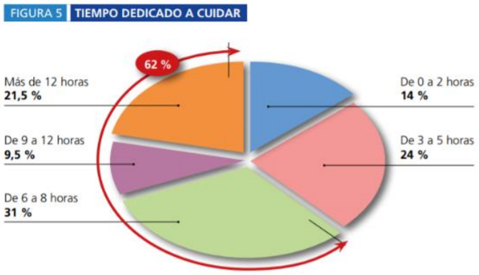


FIGURA 5 TIEMPO DEDICADO A CUIDAR

Figure 5

These "non-professional carers", despite their difficulties in accessing information and training to carry out their important personal care tasks on a daily basis, have to face daily decisions and actions with great ignorance of the possible consequences for the cared-for person. In addition, a need emerges for the caregiver and the "cared-for", and this refers to the way of communicating. We consider the need to train caregivers in communication and verbal and non-verbal language techniques because on many occasions a simple gesture on the part of the person being cared for is more valued than wiping the patient's chin with a clean cloth after eating. This is a very significant example because in addition to caring, one should also emote: the application of emotional intelligence in order to achieve psychological well-being (Suberviola-Ovejas, 2011). And this is where communication could play an interesting and necessary role, given the need to empower similar groups (Moriel-Corral, Pizarro, Hernández-Hernández and Bonilla-Loyo, 2012). Emotion refers to the set of interactions between subjective and objective factors, which are mediated by neural and hormonal systems, generating feelings, cognitive processes, physiological adjustments and which generate frequently expressive behaviour whose purpose is adaptation (Kleinginna and Kleinginna, 1981). We ask ourselves, what would cinema be if it were not a vehicle for emotions? What would a doctor be if he did not understand the emotions and needs of a patient? In order to try to understand the concept of emotion, we consider it appropriate to resort to its etymological definition, as it is a concept in itself difficult to delimit due to its multidimensionality and perspective (Barrientos, 2019). Thus, we discovered that it is a word that comes from the Latin e+movere, and that its translation into Spanish could be interpreted as "that which pushes or moves us to". In the case of the construct emotion, we find scientific consensus on its definition. It is generally considered that an emotion is "a complex state of the organism characterised by an excitation or disturbance that predisposes to an organised response" (Bisquerra, 2003, p. 49). The definition provided by the RAE for this word is very similar, describing it as "an intense and transient alteration of mood, pleasant or painful, which is accompanied by a certain somatic commotion". It therefore refers to a behavioural process from which an associated physical alteration derives. It is therefore important to empathise with the person being cared for by controlling and managing our own emotions and those of others. This makes it easier to communicate with clarity, feeling and professionalism. The bond that generates the correct communication with the patient or "cared for" is fundamental for the good development and well-being of the person who needs basic care, feeling the "human warmth" of the caregiver, because it is with him/her with whom he/she will spend long hours of the day, long hours of the night and therefore emotions of different kinds will emerge, all necessary to contemplate the day to day with a certain degree of optimism and satisfaction of a job well done. Paul Watzlawich divided human communication into five unavoidable sections and wrote in The Theory of Human Communication (1997) that acting in any way necessarily and inevitably implies transmitting information to our human environment: in other words, it is not possible not to communicate, because even the decision not to communicate transmits information: at the very least, the information that we have ceased to communicate. For Watzlavich, to communicate is to take sides and to define oneself in terms of personal relationships. If we transfer his words to our case study, we can understand that communicating is transmitting, and caregivers should only transmit positivity and optimism to the "cared for" because it is in them that they trust, it is in them that they leave the responsibility of being cared for and protected. We can therefore draw a conclusion that is at least as important, and that is that communication with emotion can represent a guide to values and behaviour for the people who need to be cared for.

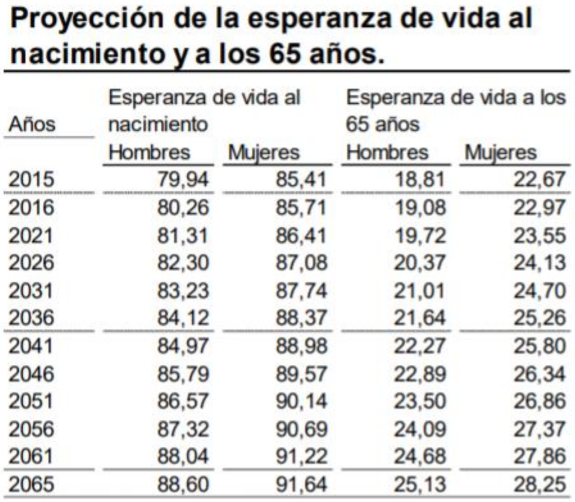
The figure of the "non-professional carer" is so new and so little known that there are even discrepancies about its denomination. For some authors they should be considered as "non-professional carers", clearly distinguishing them from nurses who are professional carers. For others, the figure is clearly called "informal carers" and there is even a third denominative current that opts for "family carers" (as can also be seen in the work of Ruíz López, Pullas Tapia, Parra Parra and Zamora Sánchez, 2017) and even a fourth that describes them as "primary carers". However, it seems to us that the term "primary carers" or simply "carers" is more accurate, distancing it from invalidating semantic particles such as "no" and "in" which tend to deteriorate the figure or "family" or "primary" which can cause some terminological confusion.

2.5 Demographic perspectives

In Spain, according to population projections between 2016 and 2066, a population loss of just over half a million inhabitants is expected in the next fifteen years and 5.4 million by 2066. The percentage of the population aged 65 and over, which currently stands at 18.7%, will reach 25.6% in 2031 and 34.6% in 2066.

On the other hand, life expectancy at birth would reach 83.2 years for men and 87.7 years for women in 2031, a gain over current values of 3.3 and 2.3 years respectively.

In 2065, if current trends continue, life expectancy for men would exceed 88.5 years and for women 91.6 years. Similarly, a woman reaching the age of 65 in 2065 would live on average another 28.2 years longer (25.1 for men), compared to the current 22.7 years of survival (18.8 for men). (NSI, 2016, p. 3).



Proyección de la esperanza de vida al nacimiento y a los 65 años.

Años	Esperanza de vida al nacimiento		Esperanza de vida a los 65 años	
	Hombres	Mujeres	Hombres	Mujeres
2015	79,94	85,41	18,81	22,67
2016	80,26	85,71	19,08	22,97
2021	81,31	86,41	19,72	23,55
2026	82,30	87,08	20,37	24,13
2031	83,23	87,74	21,01	24,70
2036	84,12	88,37	21,64	25,26
2041	84,97	88,98	22,27	25,80
2046	85,79	89,57	22,89	26,34
2051	86,57	90,14	23,50	26,86
2056	87,32	90,69	24,09	27,37
2061	88,04	91,22	24,68	27,86
2065	88,60	91,64	25,13	28,25

Figure 6

Despite population loss and longer life expectancy, the number of deaths will continue to grow as a result of population ageing. Thus, in the period 2016-2030, almost six and a half million deaths would be recorded, 12.7% more than those observed in the previous 15 years (2001-2015) (INE, 2016, p. 5).

(...) the population would increase in the upper half of the population pyramid. In fact, all age groups over 70 years of age would experience a growth in population. In 15 years' time, Spain will have 11.7 million people aged over 64, three million more than at present (34.8%). And this figure would increase to 14.2 million people (63.1% more) in 50 years' time. Looking at the five-year age groups, the largest age group today is 40-44. But this will change in both 2031 and 2066, when the largest group will be 55-59 years old. (INE, 2016, p. 7).

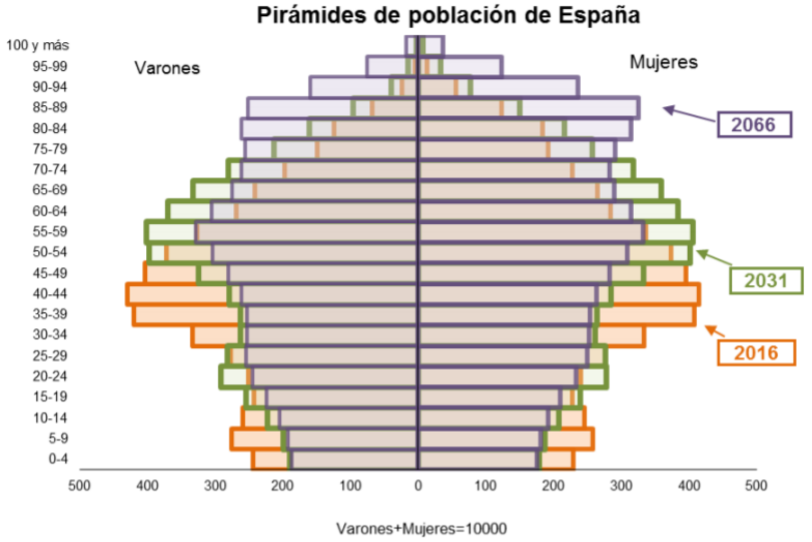


Figure 7

Demographic ageing. The percentage of the population aged 65 and over, which currently stands at 18.7 per cent of the total population, would rise to 25.6 per cent in 2031 and 34.6 per cent in 2066. If current trends continue, the dependency ratio (the ratio, as a percentage, of the population under 16 or over 64 to the population aged 16 to 64) would rise from 53.5 per cent today to 62.2 per cent in 2031, reaching 87.7 per cent in 2066. The centenarian population (those aged 100 and over) would rise from 16,460 people today to more than 222,104 in 50 years' time. (INE, 2016, p. 8).

3. “COMPLUTENSE CAREGIVER” PROJECT

From the Faculty of Nursing, Physiotherapy and Podiatry of the Complutense University of Madrid (FEF and P-UCM) we consider these training needs of caregivers as our own and we try to lead a training process for them, which guarantees quality care and therefore includes the conditions of efficiency and safety in care, towards people with some degree of temporary or permanent dependency that they are caring for.

3.1 Objectives of the “Complutense Caregiver” Project

Having analysed the situation from a demographic and sociological point of view, which portrays the perspective of an ageing Spanish society, and which announces a progressive ageing and, consequently, an increase in the elderly population and in dependency and vulnerability, this Project sets out the following objectives:

1. To promote the culture of self-care and heterocare in the population.
2. To bring basic care techniques and procedures closer to the population in general and to carers and nursing students in particular.

3. To lead and promote both self-care and heterocare in the general population, carers and student nurses.

3.2 Immediate addressees of this “Caregiver Complutense” Project:

- The general population interested in both self-care and heterocare.
- Caregivers.
- Current and prospective nursing students.

All of them are groups with an interest in self-care and heterocare and with sufficient technological skills to access the contents from any technological terminal.

3.3 Final addressees of this “Caregiver Complutense” Project:

People who due to:

- An acute deterioration of their health, they need support in their care.
- A chronic deterioration of their health, they need permanent care.
- A situation of dependency, they need a permanent main carer.
- The general population who want to learn or improve their self-care skills.

4. METHODOLOGY AND WORK PLAN

The aim is to apply a participatory method so that students become aware of the task of care that they have to carry out. From the FEF and P-UCM we will contribute to the design and maintenance of those informative and didactic resources, both face-to-face and distance, with which our students are more identified: establishment of face-to-face classes, practice with simulation models, design and maintenance of the website, social networks, recording of interviews and videos and design of tangible material.

4.1 About the university audience

With this project, students and also teachers of the FEF and P-UCM, but also those of other faculties of the UCM will be able to learn from a Service Learning perspective (APS):

- To provide an invaluable service to carers, both in Spain and internationally, as the digital resources used have an informative component that goes beyond our borders.
- To learn and disseminate care techniques among caregivers, as well as among the general population.
- In the specific case of FEF and P-UCM students, they will be able to apply and consolidate the knowledge learnt in class, as well as the skills and attitudes learnt in their healthcare practices and use them in real life as a way of helping caregivers and the general population.

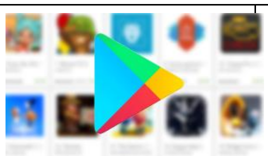
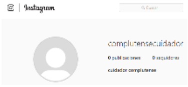
- Students of Health Sciences in general: Psychology, Pharmacy, Medicine, etc. and even from other Faculties far from the health branch will also be able to access a new aspect of the person in a situation of vulnerability and dependence from a perspective of care and communication, offering a supportive response.
- All UCM students will be able to commit themselves to a situation of deficit in the field of knowledge, developing a supportive and extremely useful project.
- They will also be able to perceive the importance of values: empathy, ethics, solidarity and understanding in education and in society.
- They will also be able to foster their personal autonomy, solving problems and making decisions frequently in a responsible and efficient way, as well as becoming aware of the importance of their knowledge and the need to disseminate it to a population that lacks it, thus demonstrating the usefulness of their contributions.

With this Project, both the FEF and P-UCM, as well as UCM in general, will gain recognition from society, since a public educational institution such as UCM is committed to disseminating the best practices of care, scientifically studied within it, to the general population, which contributes to improving its public image. Reflecting the thought of Ortega y Gasset when he spoke of the "Mission of the University", we can state that the Service-Learning modality allows us to respond to the question posed by the author in an efficient manner, since the public University thus becomes a promoter of culture and critical thought, distancing us from the fragmentation of academic knowledge, and as Santos Rego, M.A.; Sotelino Losada, A. and Lorenzo Moledo also refer to:

> Three decades ago, one of the authors of this book made an academic visit to Georgetown University in Washington, DC. There, in the magnificent library of this renowned centre of higher education, he had the opportunity to consult a work with the suggestive title, A passion for democracy, authored by Benjamin R. Barber (1998). And he read something he would always remember: it is not that the university has a civic mission, it is civility itself, which is defined through the rules and conventions that facilitate dialogue in a community and the kind of discourse on which all knowledge depends. (Santos Rego, M. A.; Sotelino Losada, A. and Lorenzo Moledo, M., 2015, p. 7).

4.2 Resources

Resources	
	**WEBSITE:** centralises the Project. It includes links to the rest of the resources. Teachers can write entries, include audiovisual resources and prescribe recommendations. https://www.ucm.es/admin/apps/?apn=web
	**AUDIO CHANNEL ON IVOOX:** recording of short interviews (three minutes) with teachers in podcast format. https://www.ivoox.com/cuidador-complutense_sb.html?

	**App:** Carried out by the Department of Computer Architecture and Automatics, Faculty of Computer Science of the UCM. Distance mode: EAO.
	**Corporate VIDEO CHANNEL (UCM) on YOUTUBE** Includes complementary documentation. https://www.youtube.com/playlist?list=PLlpARNby2vcXLAMJBILAO0XBhWJ0Pc4fB
twitter	**TWITTER:** @CuidadorC
	**INSTAGRAM** https://www.instagram.com/complutensecuidador/?hl=es
	**FACEBOOK** https://www.facebook.com/complutense.cuidador.3
WhatsApp	**Complutense Caregiver**
UNIVERSIDAD COMPLUTENSE .shop	**Complutense Shop:** edition of calendars, diaries, posters and educational games for carers

5. IMPACT, FEASIBILITY, APPROPRIATENESS AND TRANSFERABILITY OF THE "COMPLUTENSE CAREGIVER" PROJECT

This training project aims to respond to the initial and ongoing training needs of carers from two perspectives, one of them legislative and the other educational, which can act synergistically:

1. Law 39/2006 of 14 December 2006, on the personal promotion of personal autonomy and care for dependent persons.
2. The UCM's Service-Learning methodological proposal.

5.1 Legislative perspective

On the one hand, Law 39/2006 of 14 December, on personal promotion of personal autonomy and care for dependent persons, refers in its EXPLANATORY MEMORANDUM, among other things, to the following:

1. Caring for dependent persons and promoting their personal autonomy is one of the main challenges of social policy in developed countries. The challenge is none other than to meet the needs of those people who, because they are in a situation of special vulnerability, require support to carry out the essential

> activities of daily living, to achieve greater personal autonomy and to be able to fully exercise their citizenship rights.
>
> 3. Care for this population group is therefore an unavoidable challenge for the public authorities, which requires a firm, sustained response adapted to the current model of our society. It should not be forgotten that, until now, it has been families, and especially women, who have traditionally assumed the care of dependent persons, constituting what has come to be known as "informal support". Changes in the family model and the progressive incorporation of almost three million women into the labour market in the last decade introduce new factors into this situation which make it essential to review the traditional care system in order to ensure an adequate capacity to provide care for those who need it.

And specifically in CHAPTER II, Section 2, it refers to the importance of training for the group of non-professional carers:

> Article 18; The Territorial Council of the System for Autonomy and Care for Dependency shall promote actions to support non-professional carers that shall incorporate training programmes, information and measures to attend to rest periods.
>
> Article 36. Training and qualification of professionals and carers.
>
> 1. Attention shall be paid to the basic and ongoing training of the professionals and carers who attend to dependent adults. To this end, the public authorities shall determine the professional qualifications that are suitable for the exercise of the functions that correspond to the Catalogue of services regulated in article 15.
> 2. The public authorities shall promote the training programmes and actions that are necessary for the implementation of the services established by the Law.
> 3. With the aim of guaranteeing the quality of the System, collaboration shall be fostered between the different Public Administrations responsible for education, health, employment and social affairs, as well as between these and universities, scientific societies and professional and trade union, employers' and third sector organisations.

5.2 Educational perspective

In the Call for Complutense Service-Learning Projects 2019 it is referred to:

> 1.2. Along the same lines, the Complutense University is committed to the incorporation of innovative methodologies that link our institution with the socio-economic reality of its environment, enabling its students to develop skills through participation in the generation of benefits for the community in which the Complutense University is located.
>
> 1.3. The methodology known as "Service-Learning" (hereinafter, SLL), allows these objectives to be addressed effectively and appropriately, linking students and teaching staff with projects of special social relevance. In fact, the ApS methodology has been gaining presence in various subjects in university

curricula, as well as in the proposals of working groups in the field of educational innovation.

Therefore, our Project is clearly framed within these premises, both from the point of view of learning and of permanent service to society.

5.3 Dissemination and promotion of the Project

In this case, the transfer of the Project aims to provide the heterogeneous and dispersed group of carers, through various easily accessible digital channels, with the necessary information and information provided by the professionals of the FEF and P-UCM so that they can carry out their important work of care with better guarantees.

The "Cuidador complutense" project aims to promote the project in the media and social networks through its dissemination in:

- The Faculty of Nursing, Physiotherapy and Podiatry (FEF and P).
- The Complutense University of Madrid.
- Other Faculties of other national and foreign Universities.
- Nursing corporate institutions: Professional Nursing Associations and the General Council of Nursing.
- Associations of patients.
- The Embassies of Latin American countries in Spain.
- The Ministries of Education and Health of Latin American countries.

5.4 Future projection of the Project

Once the planned teaching resources have been established and their continuity guaranteed, students will be able to take the "Complutense Caregiver" course free of charge in APP format at their own pace of learning. In accordance with the regulations of the UCM Continuing Education courses, a face-to-face exam at the FEF and P-UCM will be facilitated by the payment of a minimum fee, which, once passed, will guarantee the issuing of the corresponding accreditation certificate.

We will leave for later many other possibilities foreseen for this Project, such as:

- The creation and management of a job bank for carers.
- The proposal of nursing research designs around this Service-Learning activity framed either in Degree Final Projects, Master's Final Projects or Doctorates.
- The publication of didactic resources resulting from the experience.
- The dissemination of the contents of the Project in the media.

5.5 Transfer and alignment

Woolfolk (2010, p. 295-296) compiles the concept of transfer with respect to the work of four authors, specifying two main types:

According to Salomon and Perkins (1989, p. 118) we can establish two types of transfer, low and high level. The former involves the spontaneous and automatic transfer of skills that require a lot of practice, but with little need for reflective thinking, while the latter, high-level transfer, requires the conscious application of abstract knowledge learned in one situation to a different situation.

Bransford and Schwartz (1999) believe that it is this type of high-level transfer that offers the best preparation for future learning, since the key to high-level transfer is the conscious abstraction or deliberate identification of a principle, main idea, strategy or procedure that is not linked to a specific problem or situation, but applies to many cases. This type of abstraction becomes part of their metacognitive knowledge that is available to guide future learning and problem solving. Bransford and Schwartz (1999) added another key: a resource-rich environment that supports productive and appropriate transfer.

In this Project, both types of transfer are facilitated, although the high-level transfer is prioritised because:

The problem is identified: the lack of information and training of caregivers in the domestic sphere, where they often carry out their tasks, far from the university education system.

Efficient solutions for care are sought and offered, from the university education system itself, which can be applied in a suitable way in the domestic sphere with sufficient guarantees.

5.6 Feasibility and scope of the “Complutense Caregiver” Project.

Analysis of the situation: carried out in the first point of the description of this Project, we can summarise it as follows:

Recently it is possible to detect a growing segment of the Spanish population in a situation of vulnerability and dependence as a result of scientific progress in the field of health and new sociological and demographic situations, which is cared for by carers with serious training deficiencies.

Scope of the project. Consequently, the aim of this "Cuidador Complutense" project is to offer efficient nursing didactic resources of free access and dissemination, on the care of people with vulnerability and dependence, as well as to configure a corpus of nursing information and knowledge that contributes to the efficient improvement of care by caregivers.

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