Education in Mental Health for Nurses in Home and Residential Care (EDU-MENT)

Internal Process Evaluation

Final Report

led by

2334 HÄFELEKAR

30.09.2026

Co-funded by the European Union

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Final Internal Process Evaluation Report

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1 Project Background

Education in Mental Health for Nurses in Home and Residential Care (EDU-MENT) brought together five organisations from Austria, Cyprus and Slovenia to strengthen registered nurses' capacity to recognise and respond to mental health concerns and psychosocial distress in home and residential care. The project ran from October 2023 to September 2026 under Erasmus+ project reference 2023-1-AT01-KA220-VET-000166434. This final internal evaluation records the partnership's assessment at closure and developments since the March 2025 interim evaluation.

UMIT TIROL coordinated the project and led WP2, the requirements and needs analysis. Materia Group/AgeCare and the University of Cyprus co-led WP3, the digital screening tools. The University of Maribor, Faculty of Health Sciences (UM FHS), led WP4, the blended-learning programme. Hafelekar led quality management and WP5, organisational development and implementation. WP1 provided the management, communication and quality-assurance framework connecting these activities.

The intended project logic linked needs analysis to tool development, professional learning and supported organisational implementation. The final responses describe progress along this chain: national research informed the tools and curriculum, training and practical applications generated feedback, and audits and implementation guidance addressed organisational conditions. The evaluation assesses this reported progress without treating planned outcomes as independently demonstrated effects on care recipients.

2 The Aim of the Report

The report assesses EDU-MENT's completed implementation and results from the perspective of all five partner organisations. It examines management, cooperation, the relevance and usefulness of WP2–WP5, quality-assurance practices, strengths, overall satisfaction and lessons for future cooperation. It also considers transfer, continued use and recognition of the developed learning resources.

The purpose is to provide a final assessment of the project process, completed outputs and their value for continued educational and professional use. This internal partner evaluation complements the national training and piloting reports. Its focus is the partnership's experience and judgement; it is not a clinical effectiveness study or a separate certification of every contractual indicator.

2.1 Evidence base and method

The final Google Forms response sheet contains five distinct organisational responses providing a retrospective assessment of the project through 30 September 2026. All five are included following confirmation of the intended coverage. Each organisation contributes one response, with equal weight. Materia Group is treated as the AgeCare/Materia partner, UM

FHS as University of Maribor, and UCY as University of Cyprus. Representatives' names are not reproduced in the results tables.

All five organisations answered every closed evaluation item. All responses are retained with equal organisational weight. Optional narrative answers are used where provided; an omitted narrative is not treated as evidence of either success or failure. The final partner survey and the interim evaluation report provide the evaluation's source basis, with the underlying interim responses used to calculate the numerical comparison.

Management ratings are reported as counts in their original categories: Very Good, Good, Average, Poor and Very Poor, with a separate unable-to-assess option. Work-package agreement uses Very much, Much, Average, Not much and Not at all, with a non-response/unable-to-assess option. These ordinal categories are not converted into an artificial composite performance score. Satisfaction uses the questionnaire's 1–5 scale, from Not at all satisfied to Very satisfied; its mean and median are descriptive summaries.

Open answers were reviewed question by question and compared across organisations. The synthesis retains disagreements and distinctions between reported use, agreed continuation and undecided ideas. Organisational attributions identify material differences; no attributed direct quotations or identifiable care cases are reproduced.

The supplied interim report provides the core chapter structure and historical context. Where numbers are compared, they are recalculated from the supplied interim workbook, containing five organisational responses dated 13–30 March 2025. Management constructs and rating labels correspond across rounds, although the interim assessed progress to date and the final survey assessed the whole project. Satisfaction is compared at organisation level, not as a matched individual study. WP4 did not have a separate usefulness item in the interim export, and WP5 had no equivalent closed ratings; these gaps are not filled retrospectively.

2.2 Limits of interpretation

This is a small organisational census of partner views, not a representative survey of nurses, care organisations or residents. Partners were involved in delivery and may assess their own work favourably. Numerical ratings establish their perceptions, not independent implementation or impact evidence. Referenced pilot reports, attendance lists, case reports and dissemination records were not re-audited as part of this survey analysis. Specific national figures and achievement statements below are therefore attributed to the reporting partner.

The evaluation provides a final assessment of the project process, completed resources and initial use. It distinguishes these achievements from long-term clinical outcomes and formal recognition decisions. National implementation routes are described in their own terms to make the comparison meaningful. Historical statements about testing are not treated as clinical-effectiveness evidence. Interim and final ratings concern different assessment stages, so the comparison is descriptive rather than causal.

3 Executive Evaluation Summary

All five organisations assess EDU-MENT positively at closure. Every partner rates achievement of planned aims as Very Good. WP4 receives the strongest and most uniform endorsement: all five select Very much for both goal alignment and usefulness. For WP2, WP3 and WP5, each of these two items receives four Very much and one Much response. All five rate the Transfer Handbook as Very useful from their own organisational perspective. Overall satisfaction averages 4.8/5, compared with 3.6/5 in the interim response workbook.

The main development since interim is the move from preparation to practical delivery. At interim, WP4 was in development and WP5 depended on unfinished tools and training. Final responses now describe completed materials, national training pilots, practical screening applications, organisational assessments and implementation resources. Partners value the combination of scientific, nursing, technical and organisational expertise and their willingness to support one another under pressure.

Achievement of timescales is the only management item with Average ratings: two partners select Average, two Good and one Very Good. Illness-related absences, management changes, late inputs and interdependent work packages compressed delivery and review time. Partners responded through direct coordination, bilateral support and practical problem solving. Hafelekar recognises Sarah's stronger coordination in the final phase. These responses supported completion, while clearer handovers, WP ownership and realistic buffers remain lessons for future projects.

The national experience demonstrates complementary implementation routes. UMIT reports 13 Austrian pilot participants, while the application target cited in its answer concerns at least 15 programme completers per country. These are different measures and are not equated in this evaluation. Common completion checklists and national records provide the reporting controls. Slovenia's university-course and workplace route complements the accompanied care-organisation route used in Austria and Cyprus; the separate participant, practice-case and organisation units preserve an accurate account of the completed work.

Continuation is supported by concrete educational and professional routes. UM FHS uses the content and tool in its existing MSc course and will continue offering the education. Materia will integrate locally adapted resources into future training and capacity building, supported by its staff and infrastructure. UCY offers technical support for continued partner use of the platform. Hafelekar will use the results in Train-the-Trainer courses and online training. Both UM and UMIT are considering ECTS recognition and incorporation of modules into existing curricula. Established teaching settings, trained staff and technical support provide practical mechanisms for continued use.

EDU-MENT concludes with completed tools, training and implementation resources that partners value highly. National delivery and practical applications connect the needs analysis

with usable results. The partnership addressed delivery difficulties through cooperation, technical feedback and strengthened final-phase coordination. Continued teaching, organisational training and trainer development give the results a credible route beyond the project period.

4 Project Management and Monitoring in Partner Organisations

4.1 Management structure and contributions

Final-phase work concentrated on completing deliverables, national implementation and evidence consolidation. UMIT describes scientific coordination, national needs analysis and support for Austrian training and implementation in Fulpmes and Reutte. Staff changes in the facilities required further coordination and the involvement of additional nurses. Materia's management team focused on piloting, WP3 evaluation, stakeholder engagement, localisation and sustainability. UCY reports continuity in its technical responsibilities, deadline-based planning and timely administrative work.

UM FHS describes the transition from curriculum development to training delivery, localised manuals, national and consolidated evaluation reports and dissemination. Hafelekar developed audits, implementation guidance and common documentation templates and brought national experience together in the Piloting Report and Transfer Handbook. These complementary contributions form the completed educational and organisational implementation package.

4.2 Partners' ratings at closure



Figure 1 Final management ratings. Organisation counts, N = 5 per item. Poor, Very Poor and unable-to-assess counts are zero for every item.

All five partners give Good or Very Good ratings for seven of the eight management dimensions. Four rate design and development as Very Good and one as Good. Monitoring and review receives three Very Good and two Good responses. Achievement of planned aims receives five Very Good responses. There are no Poor, Very Poor or unable-to-assess responses.

Timescales remain the weakest dimension. Materia and Hafelekar rate them Average, UCY and UM FHS Good, and UMIT Very Good. This distribution is consistent with the qualitative reports of delays and final-phase pressure, while also showing that partners experienced the schedule differently. Favourable ratings of final aims should not erase the delivery difficulties described by the same respondents. The mitigation described by partners was flexible coordination, additional bilateral support and practical prioritisation of the final outputs; the remaining timing lessons inform future planning rather than negate the delivered results.

4.3 Developments since the interim evaluation

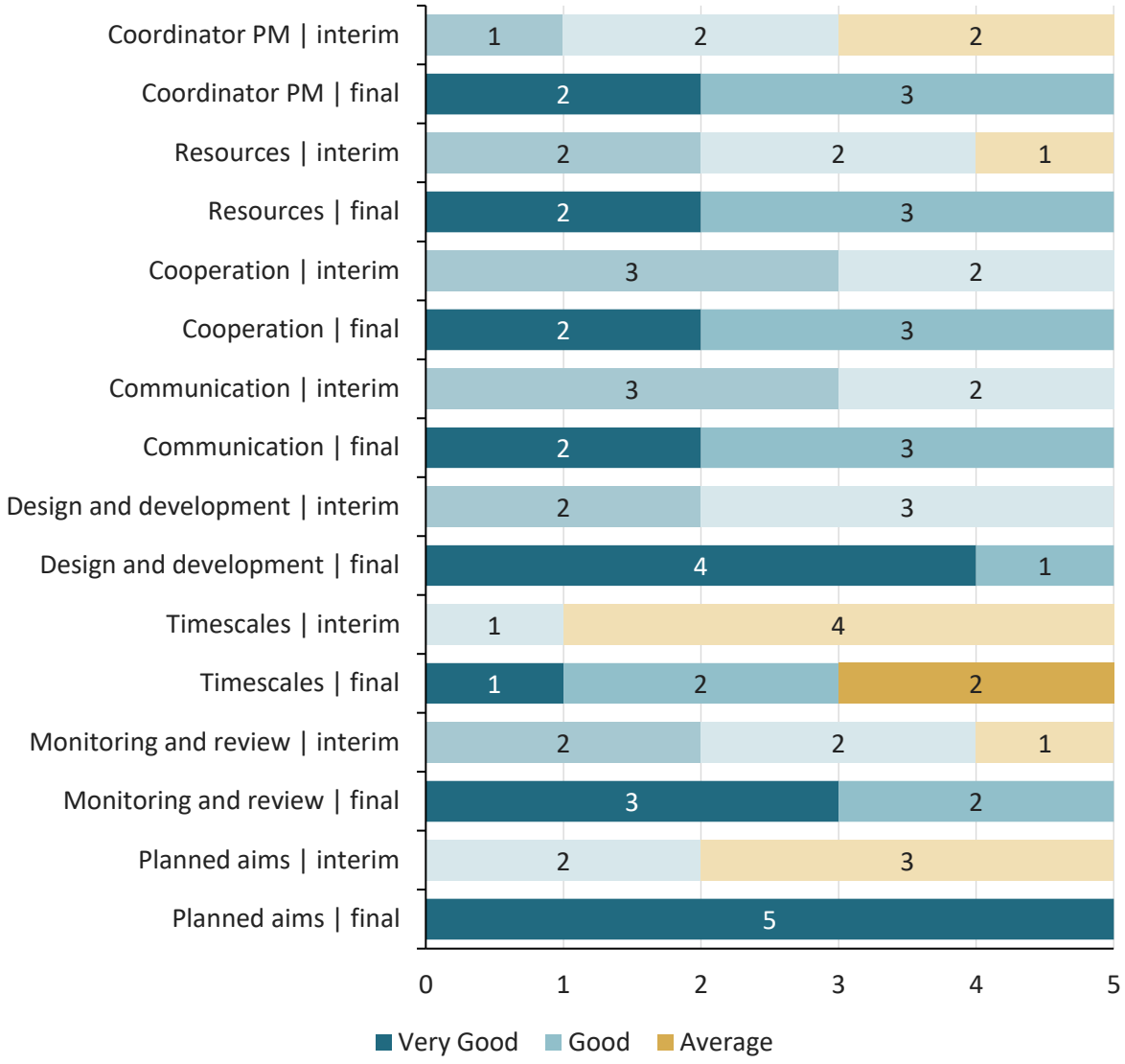


Figure 2 Management ratings at interim and final evaluation. N = 5 organisations per item in each round. Interim March 2025; final project evaluation. Counts, not percentages. Other rating categories have zero responses. Pale bars show interim results; saturated bars show final results.

Achievement of planned aims shows the clearest change: two Good and three Average responses at interim become five Very Good at closure. Management and monitoring no longer receive Average ratings; timescales retain two.

Cooperation and communication remain positive in both rounds, although their Very Good counts fall from three to two. This does not support a claim that every aspect improved. It

indicates that stronger perceived results and satisfaction can coexist with more qualified assessments of the partnership process. The comparison is descriptive and reflects interim progress versus a whole-project retrospective assessment.

4.4 Cooperation communication and handling of difficulties

Direct exchanges, professional commitment and willingness to help were recurrent strengths. UCY reports that initial delays were overcome through dedicated work and that disagreements were settled through discussion. UM FHS describes WP leads proposing solutions and partners confirming them. UMIT values regular meetings and task-specific clarification. Hafelekar describes bilateral support and constructive feedback as important during management transitions.

The accounts differ in how much governance difficulty they identify. UCY records no important weaknesses, while Materia calls for formal escalation when agreed milestones stop progressing. Materia also describes overlap between coordinator interventions and WP-lead responsibilities, which reduced operational ownership in some cases. Hafelekar identifies repeated management changes and uneven follow-up, while explicitly recognising improved final-phase coordination. These are complementary perspectives rather than a reason to discard critical responses. Direct discussions, work-package problem solving and the improved final-phase coordination helped manage these differences and maintain delivery; clearer written handovers are the corresponding safeguard for future cooperation.

Future cooperation should clarify WP authority, handovers, deputies, internal deadlines and escalation routes. Focused exchanges and early drafts should complement consortium meetings. UMIT's comments on funding-programme flexibility remain its reported experience, not an independent assessment of the rules.

5 WP2 Requirements and Needs Analysis

5.1 Contributions and developments since interim

WP2, led by UMIT TIROL, provided the requirements base for the tools and educational programme. UMIT coordinated desk research, national contributions and synthesis of needs relating to screening, assessment, interventions and training. UM FHS reports Slovenian interviews, national reporting, translation and input to the transnational report. UCY contributed requirements acquisition for software development. Hafelekar reviewed research and interview templates and national and transnational reports. Materia states that its contribution has not changed since interim.

The final responses treat WP2 primarily as a completed foundation subsequently used by WP3 and WP4. Four organisations select Very much and Hafelekar Much for both goal alignment and usefulness. This is a positive assessment of relevance; it is not a new evaluation of the representativeness of the needs-analysis sample.

5.2 Quality assurance and lessons learned

Partners identify common research templates, an interview guide, review by the WP lead, national reports and the transnational synthesis as the quality mechanisms. UM FHS refers to ethics approval and reports 17 surveyed registered nurses in the Slovenian evidence. UMIT and Hafelekar identify no new significant WP2 gap; UCY does not provide a separate quality-evidence narrative. Materia refers back to its previous response rather than presenting new evidence.

The cited national documents should remain the basis for numerical indicator reporting. Their existence or partner endorsement does not establish every target independently in this report. UMIT recommends comparing the original needs with experiences from practical implementation to refine future requirements. Hafelekar's interim concern about clearer initial planning remains a future-project lesson, without creating a reason to reopen the completed WP2 phase.

6 WP3 Development of the Digital Screening Tools

6.1 Contributions and practical usefulness

WP3 moved from specification and delayed development at interim to tools that partners report using in national pilots. UCY describes implementing feasible developments and responding to partner and user feedback. Materia values the scientific and technical result and reports a pilot with 20 participants. UM FHS contributed the domain structure, localisation and country resources and reports 15 Slovenian practice applications. UMIT contributed review and Austrian evaluation; Hafelekar provided concept, usability and target-group feedback.

Four partners select Very much and Hafelekar Much for both alignment with goals and usefulness. Narrative accounts describe the tool's value as a structured overview of psychosocial concerns, support for documentation and a basis for professional discussion. These are reported benefits in practical use. They should not be interpreted as established diagnostic accuracy or clinical effectiveness.

6.2 Quality assurance and responses to usability feedback

Quality mechanisms included partner review, technical testing, user manuals, national pilots and feedback to the developers. UCY reports that all feasible requested developments were implemented. UM FHS and Materia's comments on navigation, revising answers and mobile use identify what users found difficult during practical application. The project's feedback and development loop provided the response, supported by manuals and facilitated use. A dedicated mobile application remains an optional future product extension, not unfinished project work. The survey responses do not establish that every observation concerns the same software version.

UMIT identifies sensitive communication, cognitive or communication impairments and responses to concerning screening results as areas needing clearer practical guidance. Different documentation completeness across facilities limits comparison. Materia states that KPIs were achieved or exceeded, whereas UMIT explicitly notes that Austrian evidence alone cannot confirm transnational targets. Hafelekar similarly avoids claiming independent verification of every indicator. The practical response is to use the existing training, manuals and common documentation framework to support sensitive communication and a clear route from screening to professional follow-up; numerical reporting should be anchored in the existing national records.

WP3 concludes with digital tools used in national pilots and positively assessed by all five organisations. Technical testing, partner review, manuals and the feedback loop supported their development and practical use. Larger-scale clinical validation and optional technical extensions are separate future research and development opportunities; they are not conditions for completion of the delivered project tools.

7 WP4 Blended Learning Programme

7.1 From curriculum design to national delivery

WP4 shows the strongest change in project stage. At interim, the curriculum and learning materials were still being developed. UM FHS now reports a five-ECTS competency-based curriculum, E-Training Manual, trainer scripts, Activities A–D, assessment checklists, localisation and coordinated national pilots. UCY developed the learning platform and supported delivery. Materia adapted and delivered training in Cyprus. UMIT prepared and conducted the Austrian pilot in May 2026. Hafelekar contributed learning-structure feedback and quality-management evaluation.

All five partners select Very much for both goal alignment and usefulness. UM FHS reports training satisfaction of 4.8–4.9/5 across the national pilots and increased confidence in digital screening. These are the WP lead's summaries of separate training evidence, not statistics recalculated from this organisational survey. They should not be confused with the present report's 4.8/5 partner satisfaction score.

7.2 Quality assurance and completion evidence

The reported assurance framework includes a common curriculum, trainer manual, completion checklists and scoring rubric, partner review, train-the-trainer provision and a common pre/post evaluation instrument. Hafelekar refers to the September 2025 Slovenia train-the-trainer evaluation. UMIT refers to submitted materials and Austrian evaluation records. These mechanisms supported consistent delivery and distinguish participation from completion of assessed learning activities.

UM FHS reports a Slovenian pilot from 23 April to 12 May 2026 with 15 participants, embedded in an accredited MSc course and offered as a short educational programme. UMIT reports 13 participants in Austria and cites an application target of at least 15 professionals completing training per country. The survey figure is therefore not presented as proof of that completion target. Common completion checklists and the assessment rubric provide the reporting safeguard, while the final internal evaluation records the delivered training and its positive assessment without creating an additional training requirement.

UM FHS describes completed training in all three countries; Materia reports overall achievement of the indicators. The organisational survey does not provide a consolidated graduate count. Its favourable assessments complement the national completion records, whose checklists distinguish registrations, attendance, completed learning activities and case reports. This preserves the educational achievement without combining different measurement units.

Partners describe qualification-level alignment differently: UM FHS refers to EQF 6 and Materia to foreseen EQF 5 alignment. The evaluation uses the shared curriculum and documented learning outcomes as the common educational reference rather than assigning a single formally recognised level from these responses. The module descriptor provides the safeguard for consistent institutional use. The five-ECTS curriculum design supports recognition discussions, while credit awards and programme recognition follow the relevant institution's established procedures.

7.3 Lessons for future delivery

The responses support retaining facilitated, practical and case-based learning. Materia reports that some participants needed more face-to-face guidance. UM FHS values case work, application with clients and exchange with trainers and peers more than self-study alone. UMIT recommends clearer examples on communication, interpretation of results and appropriate next steps, together with refresher support.

Future delivery should assess digital confidence and device access, estimate workload realistically and provide a route from screening results to action. These refinements build on the completed programme. They do not require new training or a further pilot merely to conclude the current project.

8 WP5 Organisational Development and Implementation

8.1 Implementation routes and contributions

At interim, WP5 was largely a draft concept dependent on WP3 and WP4. Final responses now describe audits, implementation guidance, national practical applications and synthesis for

transfer. Hafelekar developed the audit approach, supported partners and prepared shared documentation templates. UMIT coordinated organisational assessments and practical use in Fulpmes and Reutte. Materia describes engagement with audited organisations, pilots and a final information event. UCY gives positive ratings but leaves its two WP5 narrative fields blank.

The Slovenian implementation route used the university as the authorising facility within an accredited course, with practical applications in participants' home and residential-care workplaces. Austria and Cyprus used accompanied care organisations. These routes provide complementary examples of applying EDU-MENT. Keeping organisations, training participants and practice cases as separate units is the reporting safeguard and preserves the specific contribution of each country.

Four partners select Very much and Materia Much for each of goal alignment and usefulness. All five assess the available Transfer Handbook as Very useful. These handbook ratings concern project partners; they do not replace feedback from implementing care organisations, nurses or clients.

8.2 Quality assurance and implementation experience

Partners describe common facility-confirmation and implementation templates, an audit methodology, completion controls, consent and anonymisation rules and review of country records. Austrian records include practical cases and final interviews. UMIT states that implementation in two facilities contributes to a transnational target of six audited and six implementing organisations, while cautioning that pilot use does not demonstrate sustained integration or effectiveness.

UMIT describes uneven documentation during implementation and distinguishes nurses' observations from residents' own feedback. Materia's response sought reassurance about completeness, while Hafelekar emphasised consistent terminology and synthesis of the country experience. Shared implementation templates, case records and final interviews provided the response to documentation differences. The final evaluation retains clear attribution: professional observations support the account of practical use without being presented as direct resident feedback.

The completed WP5 package connects the audit approach, implementation guidance, common templates and national practical experience with the Piloting Report and Transfer Handbook. Country-specific routes show how educational preparation and organisational support can work together. Positive handbook ratings complement this implementation experience and confirm its value to partners preparing continued use.

8.3 Conditions for organisational transfer

The recurring conditions are management support, trained staff, clear responsibility, sufficient time, accessible devices and a defined response to concerning screening results. UMIT's experience shows the need for deputies and induction when staff change. Materia recommends assessing digital confidence and providing blended support. UM FHS highlights connectivity in community nursing. Hafelekar sees the audit as an entry point to organisational support rather than an isolated checklist.

The transfer pathway connects an initial readiness check with training, supported use, documentation, follow-up and review. Audit tools help organisations assess suitability before introduction. Implementation guidance, country examples and the resource and contact overview make this pathway easier to apply. Management support, local nursing multipliers and planned time for use are the practical safeguards for staffing and access constraints in future applications.

9 Overall Project Evaluation from the Partners Perspective

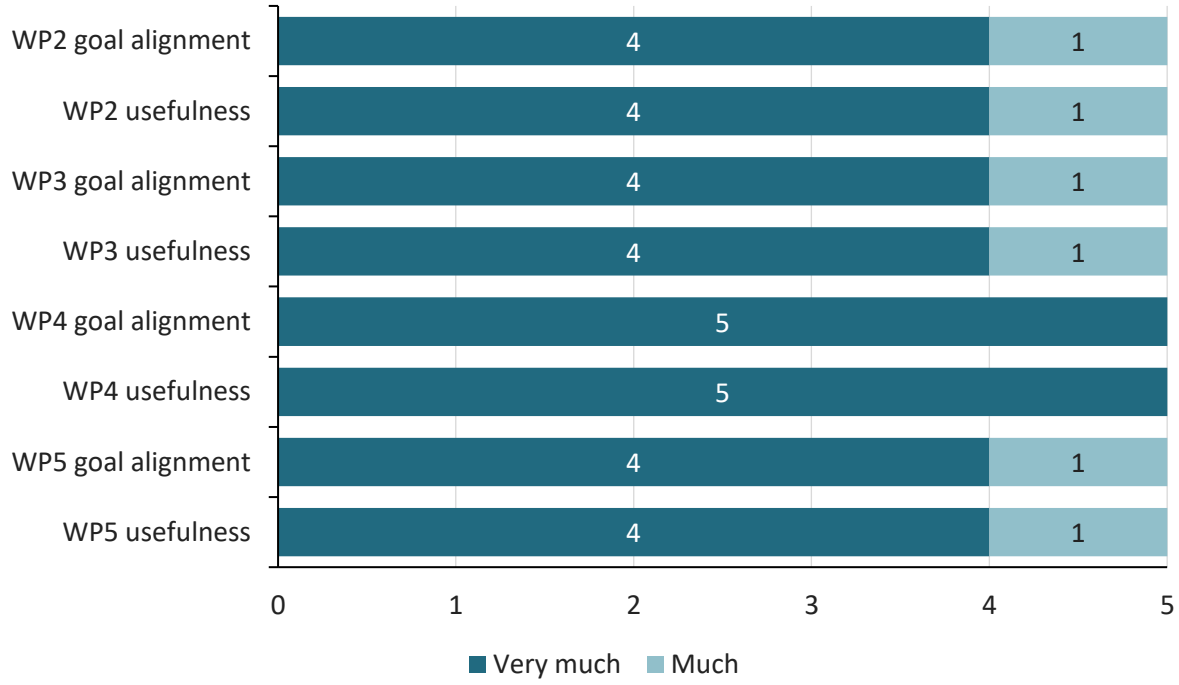


Figure 3 Work-package goal alignment and usefulness. Organisation counts, N = 5 per item. All other response categories have zero counts.

The final ratings endorse the relevance and usefulness of all four substantive work packages. WP4's unanimous highest-category ratings are particularly clear. The more qualified Much responses for WP2 and WP3 come from Hafelekar, which nevertheless describes substantial progress and useful final results. Materia's Much ratings for WP5 coexist with positive stakeholder engagement and a recommendation that more time be allowed for uptake to mature.

Across the qualitative responses, the partnership's principal achievement is the connection between needs analysis, digital screening, professional learning and organisational implementation. At interim, those links were partly prospective. By closure, partners report national delivery and practical applications that generated feedback for the tools, training and transfer resources.

The completed project connects needs analysis, digital screening, professional learning and organisational implementation. UMIT and Hafelekar distinguish initial practical experience from sustained changes in care; UM FHS combines existing teaching use with an expectation of wider practice benefits. Shared documentation, country records and curriculum materials support coherent use of the outputs. Educational integration, organisational training and technical support provide practical continuity beyond the initial applications.

The evaluation supports a strongly positive final assessment of EDU-MENT. The partnership has completed a coherent set of tools, learning materials and implementation resources, tested them in national applications and established practical routes for continued use. High partner satisfaction and favourable ratings across all substantive work packages confirm the perceived relevance and value of the results.

10 Strengths Weaknesses and Ideas for Improvement

10.1 Strengths

Complementary expertise was a consistent strength: scientific and nursing knowledge, health-services and gerontopsychological perspectives, technical development, educational design and organisational implementation were combined in one partnership. Direct links with care practice helped translate needs into tools and teaching materials. Shared templates and country exchanges supported a common working framework without removing national differences.

Partners also value professionalism, mutual respect and willingness to contribute extra effort. Bilateral support and practical problem solving helped maintain work during delays and staff transitions. Hafelekar recognises the improvement in coordination during the final phase. UCY describes constructive cooperation when time was pressing, and UM FHS highlights rapid responses where roles and expectations were clear.

10.2 Weaknesses and their consequences

Continuity was vulnerable to illness-related absences, staff changes and management transitions. Delays in one work package affected subsequent work; late materials and partner data compressed piloting, review and reporting. Materia identifies ambiguity between WP-lead and coordinator responsibilities, while UMIT reports short-notice changes and inconsistent documentation. These difficulties help explain why process assessments remain more qualified than assessments of the final results. Partners responded through bilateral support, direct coordination, redistribution of practical work and stronger final-phase management, maintaining progress towards the shared outputs. Written handovers and cover arrangements are the corresponding future safeguard.

Implementation also faced constraints beyond consortium coordination. Limited staffing and time in care settings, digital-confidence differences and unequal device access affected practical use. The evidence does not show that project materials alone could overcome these conditions. Their significance should remain visible in transfer guidance and future planning. Practical training, facilitated case work and local nursing multipliers offer an existing response to these constraints. The recommended continuation safeguard is to agree staff responsibility, suitable devices and time for supported use within the organisation's existing workflows.

10.3 Lessons and follow up on interim recommendations

Interim recommendation	Final evidence	Assessment and mitigation
Closer links between WP3 WP4 and WP5	National training and practical applications now reported across countries	National practical use completed; shared templates connect the country experience with the implementation resources.
Early sharing of drafts and sufficient review time	UM FHS reports late materials and compressed piloting/reporting	Review time remained tight. Bilateral support and final-phase coordination supported delivery; earlier internal draft dates are the future safeguard.
Clear responsibilities and timely follow up	Materia and Hafelekar identify WP ownership, transitions and escalation needs	Role clarity varied. Direct coordination and practical WP problem solving helped maintain work; written handovers are the future safeguard.

Interim recommendation	Final evidence	Assessment and mitigation
Practical user feedback	All three countries' practical experiences referenced by partners	National practical use and feedback provide the transfer foundation; existing teaching and continued training routes support sustainability.
Consistent documentation	Common templates used, but UMIT reports uneven completeness	Shared templates, case records and final interviews addressed documentation consistency; country routes and measurement units are kept distinct.

The interim recommendations informed the move towards national pilots, practical feedback and stronger links between WP3, WP4 and WP5. Partners addressed delivery pressure through direct exchanges, bilateral assistance and improved final-phase coordination. Common templates supported consistent documentation. Clearer ownership, written handovers and earlier internal draft dates remain useful lessons for future collaborations, without reopening completed EDU-MENT activities.

11 Sustainability Transfer and Recognition

11.1 Continued use and resource commitments

Organisation	Continuation pathway	Resources and implementation safeguards
UM FHS	Continued MSc-course use; consideration of ECTS recognition and integration of modules into existing curricula	Existing course, lecturers, manuals and student resources support continuity. Curriculum and assessment documentation support institutional recognition procedures.
Materia AgeCare	Integration of retained curricula and interactive resources into future training and capacity building	Internal staff and existing organisational infrastructure support use and access. Further blended formats, summer school or app development remain optional expansion routes.
UCY	Technical support for partners continuing to use the platform and tools	The technical-support offer provides a continuity mechanism. Access duration, content updates and resource responsibilities should be specified for continued platform use.

Organisation	Continuation pathway	Resources and implementation safeguards
UMIT TIROL	Austrian pilot experience, continuing education and consideration of ECTS recognition and integration into existing curricula	Trained nursing staff, Fulpmes/Reutte contacts and existing education structures provide a practical route. Curriculum integration follows UMIT's institutional procedures.
Hafelekar	Continued use of results in Train-the-Trainer courses and online training	Reusable audit tools, implementation guidance, documentation templates and the Transfer Handbook support delivery. Educational reuse is separate from platform hosting or technical maintenance.

EDU-MENT has a practical basis for continued educational and professional use. UM FHS already uses the training content and tool within its MSc course and will continue offering the education, with Slovenian manuals and self-study materials available to students and lecturers. Materia will reuse locally adapted curricula, training resources and interactive exercises in future training and capacity building through its own staff and organisational infrastructure. UCY's offer of technical support provides an additional continuity mechanism for partners using the platform and tools. For each continued platform application, access duration, updating and resource responsibilities should be specified with the technical partner and coordinator; this builds on the existing support offer rather than assuming an additional hosting commitment.

Hafelekar will continue using EDU-MENT results in Train-the-Trainer courses and online training. The audit approach, implementation guidance, documentation templates and Transfer Handbook provide reusable resources for nursing education and work with care providers. UMIT's Austrian training experience and contacts with Fulpmes and Reutte offer a further route into nursing-related teaching and continuing professional development. Building on established educational settings and trained staff makes continued use practical, while platform-related applications can draw on UCY's technical-support offer.

11.2 Recognition certification and accreditation

Both the University of Maribor, Faculty of Health Sciences, and UMIT TIROL are considering ECTS recognition and incorporation of EDU-MENT modules into their existing curricula. Their educational expertise and established programmes make both universities central to the recognition and sustainability pathway. UM FHS has already delivered the pilot within an accredited MSc course and issued university completion certificates. The five-ECTS curriculum, learning outcomes, workload and assessment documentation provide a concrete basis for

institutional consideration. Integration and credit recognition follow each university's established approval procedures.

In Cyprus, university ECTS recognition, the Cyprus Nurses and Midwives Association and HRDA-recognised training structures offer complementary recognition routes. These build on the developed curriculum and training materials and follow the relevant bodies' approval procedures. Hafelekar contributes trainer development and organisational implementation; UCY supports the technical infrastructure. The completed learning resources therefore support several credible recognition pathways without implying that a separate EDU-MENT qualification has already received cross-country accreditation.

These responses support a precise distinction between curriculum design, course delivery, attendance or completion certificates and formal recognition. The five-ECTS design cannot itself be presented as an approved credit award across countries. No new accreditation undertaking is created by this report.

11.3 Stakeholder links dissemination and follow up

Existing stakeholder relationships provide a foundation for continued exchange and uptake. Materia maintains contact with participating organisations and intends further outreach to Cyprus University of Technology, nursing bodies, HRDA and wider health and care stakeholders. UM FHS links continued MSc-course use with cooperation through the national coordinator for community health nursing, alongside intentions for publications, conferences and further proposals. UCY intends ICT-related dissemination and follow-up collaboration. UMIT can build on its Austrian pilot-facility and professional networks, while Hafelekar's Train-the-Trainer and online-training use provides a practical continuation channel. The resource and contact overview in the Transfer Handbook supports these routes. Wider expansion or separately funded projects remain optional next steps, so ongoing use is not made dependent on securing a new project.

Materia's dissemination account reports six newsletters, more than twelve articles, approximately 500 people reached through flyers and 90 social-media followers. These are different indicators and are not added into a total audience. An accepted contribution to a forthcoming geriatrics conference is treated as a planned follow-up dissemination opportunity, not as an already completed presentation. Other partners describe newsletters, faculty or organisational channels, local events and direct introduction of the results through training and piloting. The reporting safeguard is to keep completed dissemination, planned continuation and their respective indicators separate.

Dissemination connects completed outputs with relevant nursing, education and care audiences through institutional channels, training and established stakeholder relationships. Reach, publications, followers and practical use are kept as separate indicators. Planned

follow-up opportunities extend this activity and are distinguished from presentations and events already completed during the project.

12 Overall Partner Satisfaction with the Project

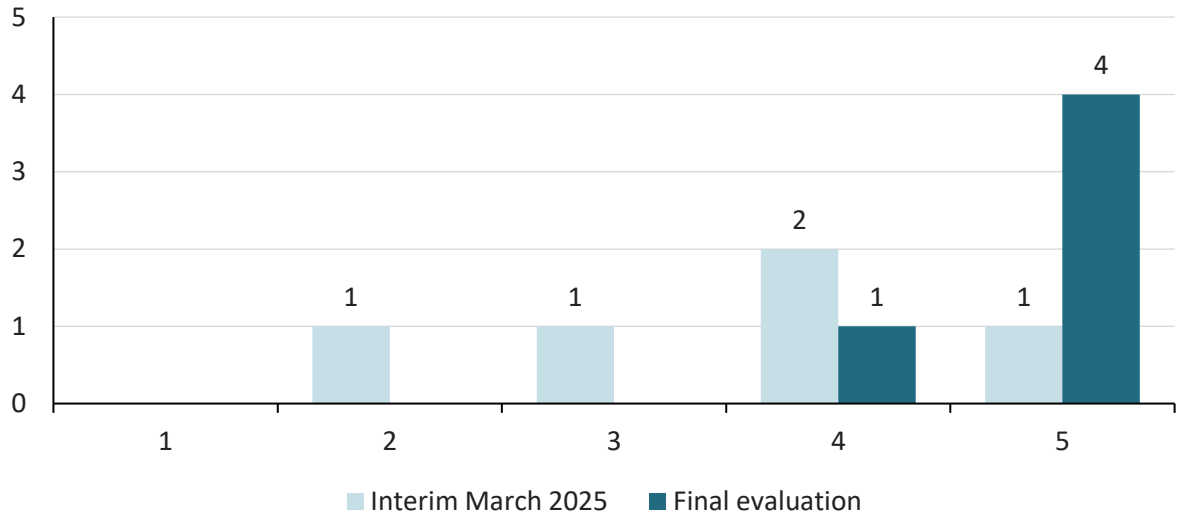


Figure 4 Overall satisfaction distribution. Vertical axis = number of organisations, N = 5 per round; horizontal axis = satisfaction rating from 1 Not at all satisfied to 5 Very satisfied. Zero-height categories are retained.

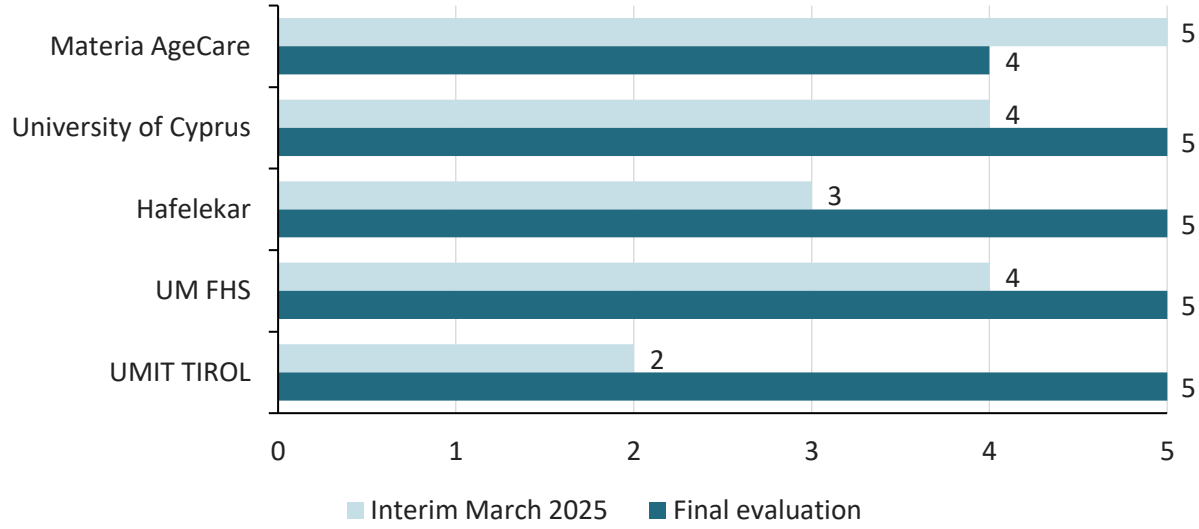


Figure 5 Satisfaction scores by organisation. Horizontal axis = original 1–5 satisfaction score, not a response count. Different representatives and assessment periods may apply. Means and medians are reported in the text.

Four organisations select 5 and Materia selects 4 on the 1–5 satisfaction scale. The final mean is 4.8 and the median 5. The interim workbook yields a mean of 3.6 and median 4, with one response at 2, one at 3, two at 4 and one at 5. The difference between the two means is 1.2 points.

The distribution indicates higher satisfaction at closure. It does not mean every partner's score increased: Materia's score changes from 5 to 4, UM FHS from 4 to 5, UMIT from 2 to 5, UCY from 4 to 5 and Hafelekar from 3 to 5. These organisation-level comparisons concern assessments at different stages and may involve different designated representatives. They are not individual change scores or a causal estimate.

Hafelekar explains its more favourable final assessment as reflecting progress since interim while retaining its criticism of the project process. The completed results, practical national experience and improved final-phase coordination underpin this positive judgement. With five organisations, counts are more informative than percentages; the comparison is descriptive and does not claim statistical significance.

13 Final Conclusions

EDU-MENT concludes with completed project work and results and a strongly positive assessment from all five organisations. The needs analysis, digital screening tools, blended-learning programme and organisational implementation resources form a coherent package for nurses in home and residential care. Every partner rates achievement of planned aims as Very Good. WP4 receives unanimous Very much ratings for goal alignment and usefulness, and all five partners assess the Transfer Handbook as Very useful.

The project was demanding, with management transitions, absences and interdependent work packages creating delivery pressure. Partners responded through direct exchanges, bilateral assistance, practical problem solving and effective coordination in the final phase. This cooperation supported completion of the outputs and national applications. The experience provides useful lessons on clear responsibilities, handovers and realistic scheduling for future projects.

National pilots and practical applications show that the resources can connect professional learning with structured attention to psychosocial and mental health concerns. Training, manuals, the audit approach and common implementation templates provide the response to digital-confidence, communication and organisational constraints encountered during delivery. The final evaluation recognises these practical achievements within its process-evaluation scope; long-term clinical effects are a separate research question, not a completion requirement for EDU-MENT.

Continued use builds on concrete partner routes. UM FHS's existing MSc teaching and both UM and UMIT's consideration of ECTS recognition and curriculum integration create institutional opportunities. Materia will reuse the resources in organisational training and capacity building. Hafelekar will use them in Train-the-Trainer courses and online training, supported by the completed implementation package. UCY's technical-support offer provides continuity for partners using the platform.

The final internal evaluation therefore concludes that EDU-MENT has delivered valued, usable results and a practical foundation for sustainable educational and professional application. The partnership's complementary expertise, national experience and established teaching and training channels support this favourable final assessment. Future recognition or product extensions build on the completed results and do not constitute outstanding project work.