

## NATIONAL REPORT ITALY

IO1a5. Experts group validation of dissemination brochure.



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This last activity of Intellectual Output 1 of AppForDementia project is aimed to validate the methodological framework develop during the previous activities, through an expert group organized in each partner country and formed by 5 experts from public Administration in VET and social sector, NGO's in the long-term care sector, social partners, professionals of the care sector, teachers and trainers in the care sector. The result of all this process will be the basis of next steps of the project, during which all partners will develop content and learning materials related to the training CV.

## METHODOLOGY

The validation of dissemination brochure document has been carried out through the involvement of 5 Italian experts on the fields on dementia, on caregiving in elderly area and on training of care professionals, with following specific professional profiles:

- Psychologist at a residential facility for the elderly
- Expert and manager of the care area at a cooperative that deals with assistance to the elderly
- Expert in training courses for OSS – Operatore Socio-Sanitario (Assistant nurses) at a professional training centre
- Psychologist responsible for the scientific coordination of the non-self-sufficient area at a cooperative that carries out socio-health and educational services
- Nurse freelancer in the home care sector

They have been invited to participate to a workshop online, but not all experts were available in the same day and at same time. In this extraordinary case, two experts provided their contribution individually and their opinion and suggestions have been included in the present report, with the results of the workshop online.

## TRAINING CV PROPOSED IN ITALY

In order to propose a programme realizable and suitable for professionals in the care-sector in the Italian context, we have reduced the training CV, based on the suggestions and comments of Italian experts during their contribution on activity IO1a3, obtaining a final result lasting 40 hours, divided in 8 training modules and 19 learning units. During this activity IO1a5, we have therefore submitted to experts the following proposal:

Modules	Estimate duration (hours)
M1. Introduction to dementia	2
M2. Dementia	3
M3. Be aware of aggravating factors	5
M4. Specialized care	6
M5. How to approach someone with dementia?	8
M6. Attitude towards behavioral alterations	8
M7. Supporting the family of people with dementia	4
M8. Ethics of care	4

As you can see, we have removed the *Module 8. Institutional resources*, but we have included the issues of *Associations of relatives of dementia* and *Support groups* in the *Module 7. Supporting the family of people with dementia*, topics that were considered important to know. As well, *Module 9. Legal topics* was removed, but the content about *Protection of people living with dementia* will be included in the current *Module 8. Ethics of care* (previously Module 10), in order to reach the learning outcome of to recognize, prevent and avoid different types of abuse and mistreatment to people living with dementia.

## RESULTS

Regarding the profiling of **the current situation of caregivers**, the experts declare to agree with what is reported in the dissemination brochure. However, they would like to clarify that it is important to take into account the differentiation between formal and informal caregivers, both in contractual terms and in terms of qualification of skills. The Italian experts emphasised how the situation of qualifications of the assistance professionals is heterogeneous throughout the national territory. The task of managing and defining professional qualifications is entrusted to individual regions and the particular professionalizing aspects are therefore differentiated by regions, some of which pose contractual constraints that others don't pose and thus creating different situations throughout Italy. For example, in some regions specific formal qualifications are required to fill the role of family assistant which in others are not required. In any cases, it is repeated by the experts, as previously pointed out, that currently in Italy the offer of VET in the care field does not include a specific training for the assistance of people with dementia. As a result, according to experts, workers who are trained as elderly care workers often have a superficial knowledge of dementia. In particular, they highlight how actually the provision of assistance rarely involve the care recipients in assistance, providing it without conversing with the person and without making him/her part of what will be done.

The CV training proposal has been considered proper to the **objective**. However, it is stressed that effectiveness of knowledge depends on how subsequently assistance professionals manage in practice to implement what they have learned in theory. Currently, the experts agree that although some professionals have theoretical knowledge and training background, they face challenges to put them into practice, consequently not being able to use in their work the tools learned during the training. For this reason, it's important to provide moments of frontal confrontation and face-to-face training, to exchange view on what was learnt and to have the opportunity of experiential training, in order also to encourage the dialogue between professionals. It has also been highlighted how sometimes the institutions are, of their own nature, an obstacle to care more centred on the person and on the relational factors, also due to the stringent requirements for accreditation, which in Italy is mandatory to allow to structures and care institutions to work in the public sector. Moreover, an expert admitted that based on their experience, those who previously worked in the domestic context with a single person, taking care of their assistance on a personalized basis, are more likely to propose a personalized approach in an institutional context. It therefore proves essential to be able to detect the needs of the person in a global way and share them continuously with the whole team, in order to share any solutions on how to behave in case of difficulty. An expert provides the following example: if the person does not want to do the bathroom at that moment, choosing to postpone when the person will be more inclined could be a solution, that if effective can be shared with the work team, in order to be all aware of any effective strategies.

Regarding the **professional competences acquired at the end of the training process**, it was noted that they should be rethought and adapted in relation to the specific work context. For example, *To plan the person's day (24 hours)* can be performed only if the care-recipient can be collaborative and it's highlighted that the operator generally doesn't spend 24 hours in a row with the person, therefore for greater clarity, experts

suggest to eliminate the wording “24 hours”. It has been underlined that there are substantial differences between the two main care settings, institutional and domestic, which have to be reflected in the skills to be developed. In a care institution, operators do not spend enough hours with the person, so they are not able to plan all the day, this means that this competence would remain something very theoretical. The same goes, but in the opposite context, for the competence *To support care activities indicated by the interdisciplinary team*, which is not always present such as in domestic contexts where the presence of other operators is scheduled only for specific assistance needs. In this regard, it’s in fact important that all proposals and competences are designed in relation to the specific professional context, in order to be realistic and achievable. Anyway, it has been highlighted that it is necessary to develop professional competences that are articulated and specific for the assistance of people with dementia. As for the competence *To handle the person with challenging behavior*, the experts advise to review the title and suggest to define it as *To be aware and handle the person with behavioral disorders*, highlighting that it is necessary to consider not only the active behaviors, such as aggression or opposition, but also the passive behaviors, such as apathy. Moreover, it has been suggested to add the competence of “To share the handover elements and the ability to read the handover and the observations of the other professionals working on the case”, considered essential by the experts. Handovers must not only include the activity in a generic way (hygiene, nutrition, mobilization) or the difficulty encountered in working with the person, but also elements and observations that have been made in moments of relationship with the person, such as for example, any positive reaction to certain issues that has unlocked the conversation with the person, so that other professionals can also use it and improve the quality of the relationship with the person. In fact, it’s very important to improve the intercommunication between who work in teams, inviting them to write significant issues regarding care and relationship. At last, as far the competence *To protect the patient’s autonomy and prevent abuse and mistreatment* it is recommended to highlight that the patient’s autonomy may lessen over time, therefore experts suggest to change the name of the competence with *To protect the patient’s residual autonomy and prevent abuse and mistreatment*.

The **target group** of the training CV have been reformulated based on the professional profiles who actually exist and operate in Italy. We have therefore identified as potential beneficiaries: OSS – Operatore Socio-Sanitario (Assistant nurses), Domestic care worker, Formal caregiver of people in need of care in different institutions and / or at their homes (OSS, Home assistant, Educator) and Telecare Operator. About the latter, it is reported by experts that this figure is currently almost non-existent and it’s presents in minimal part in private services, not directly taking care of assistance to people with dementia, but taking care of the reception of emergency reporting. Professional profiles such as geriatric assistant doesn’t exist in Italy. During the workshop, nurses, animators and health educators are indicated as additional professionals to whom should be addressed the CV training.

All the experts approve the **training curriculum** proposed and the changes made in order to adapt it to the Italian context. They suggest to add, across the different training modules, the issue of Intercommunication between the team, where present, underlining and reminding over the training course the importance of keeping a record of what has been done and what emerged during their work shift. As explained above, they highlight how essential it’s for the team work to know how to observe specific conditions and share what has been observed and any good strategies, as well as being able to read and elaborate what is shared by colleagues.

The **proposed duration and student workload** of 40 hours were considered sustainable and appropriate to the Italian context, apart from an expert who considers the path probably underestimated, since it deals with many contents in a few hours. Other experts replied that is not possible to propose a CV training on the topic of dementia lasting more than 40 hours, due to the fact that it could be not sustainable by care professionals.

However, at the end of the course experimentation, it is recommended by experts to do a re-evaluation of the course, to detect any suggestions from the participants and the effectiveness of the proposed course, in order to improve the training CV and methodology.

The **hours of learning** dedicated to each module were considered by the experts to be adequate for the training content, as well as for the importance and relevance of each topic. An expert considers that the effectiveness of an intense training path such as one proposed, depends on the experience and knowledge previously acquired by the participants. Another expert points out that the 40 hours of training must be well thought out in terms of learning by emphasizing that each learning unit must not only be read or listened to, but also studied and thus learned. It is therefore necessary to distinguishing the estimated duration in terms of content presentation and the duration in terms of learning. She suggests that it could be useful for those who are not very familiar with distance learning, to provide indications on the best use of e-learning content, indicating for example: which parts should be listened to, which contents are most aimed at study and which parts have more visual content. She finally underlined that should be considered the various senses and communication channels that can be stimulated for learning, e.g. visual memory and identification.

## CONCLUSIONS

In conclusion, we can say that all the Italian experts agreed with the proposed programme and approved the dissemination brochure's content. However, they underline that is very important to consider the specific context and to offer a training as realistic as possible, especially considering the specific care setting, institutional or domestic, where the professional providing assistance to people with dementia works. According to the experts, a good cooperation between workers and family, as well as between the members of the work team is the basis to develop a global approach to the person affected by dementia and to provide an assistance constantly reasoned and shared. It emerges that the training methodology has to be adapted to the target group, providing the opportunity to learn through different training methods, including the interactive one and offering experiential training.

