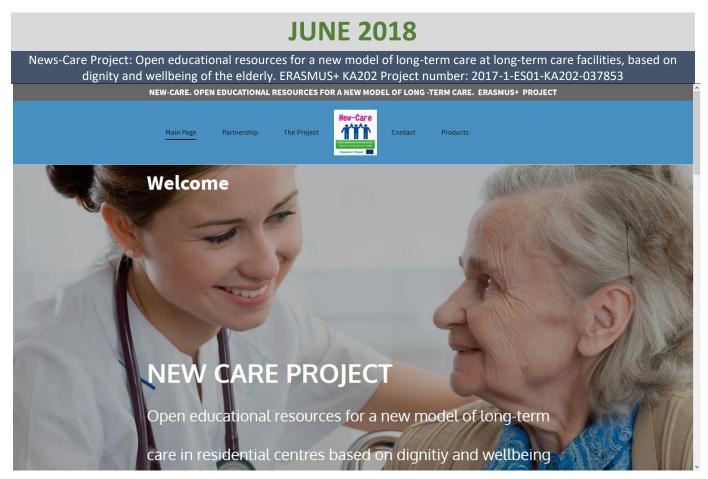
# NEWSLETTER 1



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# https://www.newcareproject.eu/

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## **NEW-CARE PROJECT**

For years there has been a debate about the lack of adequacy of benefits and services for those who need long-term care. Currently, the necessity to redefine the model of care for the elderly is being considered due to its obsolete nature. People who require care and support of different types and intensity are numerous and demanding. These people aspire to continue to develop their own life projects according to their preferences. They claim the right not only to treat their illness but to reduce their dependency and the promotion of personal autonomy and the inclusion of active life; a right that has been recognized in the legislation of all European countries.

Thus, different European countries have developed some new business models of integrated care centred on people. A *Comprehensive Person-Centred Care Model (Hereafter, CPCC Model)* requires new competencies and roles for its working performance. A new professional figure emerges in this area as the **PROFESSIONAL OF REFERENCE IN NURSING HOMES FOR THE APPLICATION OF THE CPCC MODEL** (Hereafter, CPCC PROFESSIONAL). This profile is defined as a qualified technician, responsible for the coordination of services in the residential centre. In general, he/she is able to: carry out person-centred attention, to use appropriate communication skills and to coordinate and generate resources in order to facilitate the autonomy and well-being of the elderly (psychosocial, environmental, technological, socio-medical, etc.). This new professional will always work under national/regional social policies to achieve their aims.

In addition, the Professional of reference will develop his/her tasks according to the national / regional social policies.

The New-Care project aims to develop specific training materials for the emerging figure of the **PROFESSIONAL OF REFERENCE IN LONG-TERM CARE FACILITIES FOR THE APPLICATION OF THE CPCC MODEL**", as a key figure in the shift towards a new management model aimed at ensuring the dignity and well-being in residences for the elderly (Comprehensive Person-Centred Care Model – CPCC) through preventing dependency and providing the elderly residents with an independent lifestyle.

The results are aimed at improving the employability of workers in this sector due to new trends in aging; and to propose a new training curriculum for the implementation of the new CCCP model in nursing homes.

# **OUTCOMES**

The expected intellectual outputs of the project are:

- International training curriculum for the PROFESSIONAL OF REFERENCE, whose activity will facilitate the implementation of the CPCC model in this sector. The new curriculum will be considered at levels: ISCED 5 and EQF 5.
- Educational contents and training materials for the CPCC model, which will be adapted to e-learning platforms.
- Educational contents and materials addressed to the teacher/trainer on: How to use open educational resources in the application of the CPCC model
- Multilingual educational kit, compatible with mobile devices, for the new professional profile.
- Testing of all educational resources through a pilot e-learning course in each participant country.





# **PARTNERS**











The project will be developed over a period of 24 months, with the following organizations:

- Asociación Edad Dorada Mensajeros de la Paz C-LM y Galicia, Spain. The Association is aimed at supporting the human and social development of disadvantaged groups. 11,700 older people were care in our nursing homes in 2016.
- **Bulgaria.** Business Foundation for Education. BFE. Association dedicated to support socio-economic development for the competitiveness of the regions in the EU.
- Romania. Associatia Habilitas Centru de Resurse si Formare Profesionala. Association for the
  development and improvement of adult education. They are involved in INPEA, International Network for
  the Prevention of Elder Abuse.
- **SOSU Oestjylland**. It is an important vocational training centre in social and health care area of Denmark.
- CIAPE. Italian Centre per L'apprendimento Permanente. Specialized in the development of training content for different sectors. Italy

#### **TARGET GROUPS**

The project results are addressed to:

VET Teachers and trainers, students, professionals and workers of the long term care sector.





## TRANSNATIONAL MEETINGS

First transnational meeting was held in Aarhus Denmark, November 27, 2017. Partners exchange opinion about the Centred-Person Model at Nursing homes and the role of the Professional of Reference in long-term care facilities. Partners agreed to develop some reports about the national situation and challenges for long-term care sector in the countries and the proposal of an Educational Curriculum of the Professional of Reference in long-term care facilities. The proposal of this Curriculum is focused European Qualification Framework, Level 5.







# PHASES OF THE PROJECT

# PHASE 1. EDUCATIONAL CURRICULUM

The main objective of this phase is to propose an educational curriculum for the Professional of Reference at nursing homes. In this regard, some reports are available in the website of the project about the comparative report and educational curriculum of the professional of reference. This Phase is developing from October 2017 to March 2018.

## PHASE 2 EDUCATIONAL CONTENT FOR PROFESSIONAL OF REFERENCE

The main objective of this phase is to develop a set of educational content and training materials for Professional of reference at nursing homes. This phase are developing from March 2018 to March 2019

One of the guidelines of this project is to define learning contents in the following areas:

- Management of the CPCC model: Management models in European countries based on dignity and well-being.
- Human resources management: Organization, planning, teamwork skills in the CPCC model.
- Human Resources management (social skills). Skills for the new figure: communication techniques.
- Innovation management to promote CPCC model: New Information and Communication Technologies (ICT) in the CPCC model. The Active Assisted Living project (AAL),
- Management of psychosocial risks. Application of emotional intelligence in the CPCC model.
- Booklet: "How to use open educational resources to train in the CPCC model" Aimed at teachers and trainers and education professionals in this sector. All partners

#### **OPEN EDUCATIONAL RESOURCES**

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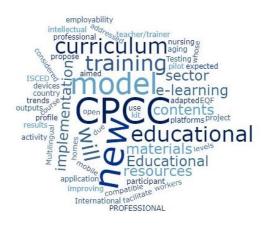




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# PHASE 3. TO PILOT E-LEARNING RESOURCES

The main objective is to develop a pilot experience on the learning content and training material. The e-learning platform *http:ed-formación.org* is used to host a multilingual educational kit. Partners will develop a pilot experience in each participant country in order to evaluate and validate the resources developed in this project. This Phase start on March 2019 until September 2019.



#### PHASE 1. MAIN FINDINGS

# Description of the professional profile

The Professional of Reference in long-term care facilities is a technician of direct attention (caregiver) who is responsible for personalized support of a group of elderly people (4/6), before the preparation of a personal story of life, and once he/she has established an emotional link with each of them.

This professional accompanies the person in his/her daily life and becomes a person of reference capable of guaranteeing the development of each personalized caring plan and capable of supporting each project of life.







# Description of production processes in long-term care facilities

We can consider the following six phases as general production processes in the long term-care facilities. It is important to consider them in order to describe an educational curriculum for the qualification needs of the reference professional:

- Phase 1. PRIOR TO TRANSITION TO LONG-TERM CARE FACILITIES. Transitions are usually easier to manage when the resident and relatives know what to expect to feel more at home.
- Phase 2. TRANSITION TO LONG-TERM CARE FACILITIES: A first interview with the user and family will allow professional staff to collect information about his/her life history, habits, values, interests, and needs of the users, basic activities of daily living, and to develop a Personalized Plan of Caring.
- Phase 3. CARE PLAN MEETINGS AND INITIAL EVALUATION. Personalised care and support planning is an
  essential prerequisite for helping people living with long-term conditions. To give good care, staff must
  assess and plan care to support each resident's life-long patterns, current interests, strengths, and needs.
- Phase 4. PERSONALIZED CARE PLAN: Successful personalised care planning needs to be developed with
  individuals: not done to them; agreeing on the individual's goals; providing information; supporting
  individuals' self-care; agreeing on any treatments.
- Phase 5. DAILY CARE. The daily care provided will be continuously adapted to the needs and preferences
  of each resident, taking special care of their values and preferences in order to ensure their dignity and
  well-being in the nursing home.
- Phase 6. END OF THE SERVICE (resident death). In the event of death, the opinion of the family is always taken into account. Nursing homes to provide grief and bereavement support for their staff, and ensuring that staff's health and well-being.



# Tasks developed by the Professional of reference in long term-care facilities

Some of the most important Tasks developed by the Professional of reference in long term-care facilities are the following:

- To welcome, to give some information and to accompany new residents and relatives in the transition to long-term care facilities.
- To participate, together with the multidisciplinary team, in the definition, development and monitoring of each Individual and Personalized Care Plan, according to the needs of each person.
- To know the biography, needs, preferences and to support the own-life project of the user.
- To accompany the user in the basic activities of daily living: bathing and showering, personal hygiene and grooming (including brushing / combing / cutting), dressing, hygiene (going to the bathroom, cleaning and getting up), functional mobility, moving (being able to getting in and out of bed or a chair without help), maintaining continence (being able to control the functions of the bladder and bowel), self-feeding (not including cooking or chewing and swallowing).





- To prepare some interventions, which have been programmed by the interdisciplinary team, aimed at activities in daily life.
- To accompany the user in planned activities according to each personalized Caring Plan.
- To accompany the users in carrying out programmed activities to facilitate the user's active participation in them.
- To facilitate the daily life of the institution. Collaborate in the animation and dynamics of the daily life of the Institution, acting in the face of conflictive situations and resolving, at a level, the relational incidents that have arisen.
- To accompany in activities that stimulate independence. Help the user to carry out activities and maintenance exercises and psychological, rehabilitation and occupational training, following the guidance of competent professionals.
- To support the life project of each one of the allocated users.
- To support and stimulate the communication of users favouring their daily development and their social relationships, using, if not precise, alternative communication systems.



# **Training areas**

According to the objectives of the New-Care project, the training areas for the professional of reference in a CPCC model are the following:

- 1. Management of the CPCC model: Management models in European countries based on dignity and well-being.
- 2. Human Resources management (social skills). Skills for the new figure: communication techniques.
- 3. Human resources management: Organization, planning, teamwork skills in the CPCC model.
- 4. Innovation management to promote CPCC model: New Information and Communication Technologies (ICT) in the CPCC model. European Programme: The Active Assisted Living (AAL)<sup>1</sup>
- 5. Management of psychosocial risks. Application of emotional intelligence in the CPCC model.

# PARTICIPANTS IN THE QUALITATIVE ANALYSIS

#### Bulgaria

- Bulgarian Red Cross
- Caritas Bulgaria
- HOME LTD Bulgaria
- National Agency for vocational education and training
- Nursing home for blind and elderly, Valchedram
- Varna Municipality, "Social services and projects"
   Department

 Vulchedrum Municipality, Directorate "Programs, projects and humanitarian activities"

#### Denmark

- Nursing home specialized in caring for people with severe dementia
- Åbygaard Nursing Center
- Trade union FOA
- Region Midtjylland (Region Central Denmark)
- Dementia Cafee

<sup>&</sup>lt;sup>1</sup> ACTIVE AND ASSISTED LIVING PROGRAMME: ICT for ageing well. http://www.aal-europe.eu/





# Italy

- Public hospital
- "Professional Trainer"
- Public hospital San Giuseppe

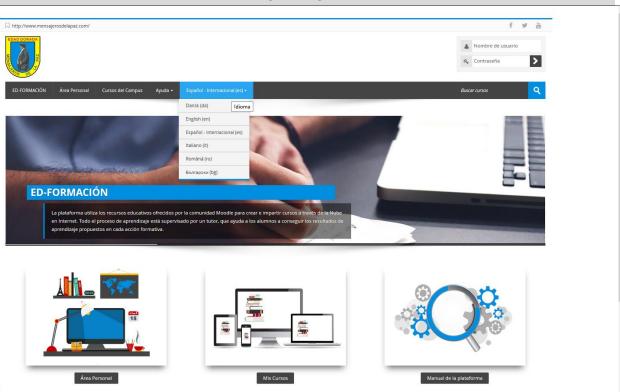
#### Spain

- CEOMA.
- Asociación Cicerón
- IES El Greco. Toledo
- Inforesidencias.com
- Junta de Castilla-La Mancha.
- Fundación Matia
- Fundación Pilares para la AP.
- IMSERSO
- Servicios Sociales Ayto. Toledo.
- Universidad Complutense M.

#### Romania

- GD for Social Assistance and Child Protection Sector
- CARP Omenia.
- Care Institution for the elderly Saints Sava and Theodosius the Great
- Residential Center for the elderly "Amalia and Chief Rabbi Dr. Moses Rosen"
- CNPV National Council for Elderly
- Residential care center for dependent persons -Berceni
- The White-Yellow Cross Foundation
- Bacau Community Support Foundation
- GD for Social Assistance and Child Protection

# **E-LEARNING PLATFORM**



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