PROFESIONAL OF REFERENCE
IN LONG-TERM CARE FACILITIES
EDUCATIONAL CURRICULUM

Open educational resources
for a new model of long-term care at nursing homes,
based on dignity and wellbeing of the elderly

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https://www.newcareproject.eu/

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NEW-CARE PROJECT

Europe is getting older. Both the Commission and the European Council acknowledge that the impact of demographic ageing on European social models calls for a strong response. The changes related to aging are affecting fundamental aspects for the wellbeing and dignity of older people, which implies the need for a new strategy in the traditional model of long-term care in European countries.

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 NURSING HOMES 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.

The expected intellectual outputs of the project are:

- **International training curriculum** for the CPCC PROFESSIONAL, 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.

The project will be developed over a period of 24 months, with the following organizations: Mensajeros de la Paz Association (Sector NGOs, ES), BFE (Training Consultant, BG), CIAPE (Training Consultant, IT), SOSU Oestjylland, (Training Center, DK), ASOCIATIA HABILITAS, (Training center, RO).

Identification of an educational curriculum

The Phase 1 of the New-Care project is aimed at the identification of an educational curriculum, valid in the participating countries, based on competencies and learning outcomes for the application of the Comprehensive Person-Centered Care Model (Hereafter, CPCC Model).

Methodology

National report on the CPCC model in each participant country: training needs and training offer in national VET systems. The report takes into account: documentary analysis and 5 interviews with key informants (Educational Administration, Social Partners, Training Centers, companies of the sector).

Definition of an educational curriculum for the CPCC Professional (effective in the participating countries) with details of the name of the qualification, competencies, learning outcomes, training modules, qualification level, ECVET credits and mobility agreements, EQF level 5).

Validation and dissemination of results. International report including the validation of 1 group of 3 experts Dissemination on the website of the project and Newsletter.

All the partners (MENSAJEROS, BFE, CIAPE, SOSU Oestjylland, and ASOCIATIA HABILITAS) carry out the activity in their countries.

COMPARATIVE REPORT: EDUCATIONAL CURRICULUM

1. Description of long-term care sector in participant countries

Elderly care systems are regulated by National Social Services and National Healthcare authorities in all European countries. The public and the private sector carry out long-term care activities in some different ways:

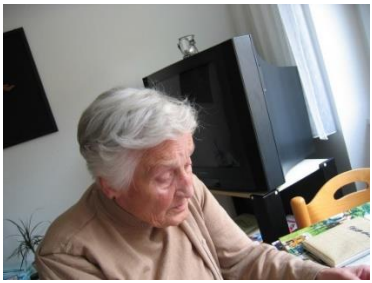
- Home care service.
- Care in a special senior apartment.
- Care in nursing homes.
- Day Care Services.

2. Description of the situation of the comprehensive person-centred care model (CPCC)

To understand the differences among European countries regarding the application of a CPCC model we should pay attention to the cultural differences and a specific situation on demography, economy and social development. An approach for a "Person-centred care" model means that individuals' values and preferences are elicited and, once expressed, guide all aspects of their healthcare, supporting their realistic health and life goals". Denmark is a highly individualized society and the right to self-determination is a pillar in any legislation. Other participant countries consider CPCC model as a new concept of Long-term care which is spreading a new vision for competencies and skills required to professionals of the sector.
Some experiences and good practices are developing in Bulgaria, Italy, Spain, and Romania. The following references are remarkable in this case:

- European project WeDo, for the wellbeing and the dignity of elderly" contributed to the definition of a European framework for quality of long-term care services and to the implementation of a Guideline for the long-term assistance services.
- Case management is the method of coordinating, organizing and

directing all efforts and interventions designed to provide services and integrate them for the benefit of social service clients/beneficiaries.
•Competence models were developed related to the development of the hard and soft skills of people who take care of elderly and ill people.



3. Qualification of the professional of reference for a CPCC model

Qualification and vocational education and training level attained are considered as some key aspects for the development of a CPCC model in long-term care sector. Person-centred care is increasingly advocated, as a model of care that supports holistic well-being for older people and people with dementia in residential aged care but still staff is not enough and adequately trained.
The professional of reference is the person responsible for the personalized care of each resident, with continuous support, in the long-term facilities for the elderly. 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.

Vocational education and training proposals for the new professional of reference profile are very important to face the implementation of a CPCC model in European countries. A reference is the VET Danish experience with the profiles of “social and healthcare (SOSU) helpers” and the “social and healthcare (SOSU) assistants”.

4. Training itineraries in the countries for the development of a CPCC model

The VET offer for the long-term care sector in the participant countries are quite similar, since we can see 3 different levels of care education:

- A education level equivalent to level 3 of the EQF, we can consider the following profiles: Social and healthcare helper (Denmark), Social assistant and Caregiver (Bulgaria), Health care assistant (Romania). Professional profile of OSS (*operatore socio sanitaria*) Italy.
- An Education level equivalent to level 4 of the EQF can be: Social and healthcare assistant (Denmark), Technician in Attention to People in Situation of Dependency (Spain), Socio-health care for dependents in social institutions (Spain), Nurses and Sanitary-Social Operator. Certificate of professionalism (Spain); "Health assistant" Bulgaria. "Case Manager who are Social worker or persons having a socio-human education", Romania.
- Professionals at bachelor level: Geriatric Doctor, nurse, physiotherapists, occupational therapists (all participant countries) Nurses and Socio-Sanitary Operators (OSS) (Italy). Master's Degree in Comprehensive Person-Centred Care Model (Spain).

QUALITATIVE ANALISYS

5. Definition of the comprehensive person-centred care model

5.1. Definition of the CPCC model

Do you think that this definition is currently relevant in the long-term care for the elderly in your country?

The definition of Person-Centered Care by The American Geriatrics Society Expert is recognized and valid for all the participant countries, so the concept of Comprehensive Person-centred care means that individuals' values and preferences are elicited and, once expressed, guide all aspects

of their health care, supporting their realistic health and life goals" Experts have pointed add the following items:

- It is necessary to add "social care" and "social services" to the given definition.
- Reservations about being able to "express their values and preferences" and that the goals must be "realistic".
- Harmonizing the individual wishes of the elderly with a realistic assessment of goals is a good way to intervene
- The needs and preferences of the elderly who are not able to express themselves, because of their deteriorated
- The definition is not entirely comprehensive for elderly care.

5.2. Good practices in the implementation of CPCC model

Could you describe a case of good practices in your country regarding the implementation of a CPCC model?

The development of a CPCC model is considered a challenging strategy for the long-term care sector in Bulgaria, Italia, Spain and Romania, where public and private organisation are implementing some new methodologies, instruments and good practices. But at present moment people in the professional services do not have a deep and true understanding of the CPCC model of care.

Good practices can be classified in the following items:

- Services and programs;
- Accessibility and physical environmental design;
- ICT and other products to promote autonomy;
- Innovation and organizational methodology;
- Research, evaluation and training activities;

and Communication activities
Some remarkable best practices are the following:

- National programmes for elderly care as examples for good practices.
- Some good practices for people with dementia: reminiscence apartment Dementia's Corner.
- Technique of reminiscence experienced in some institutions.
- Some innovative Laws for CPCC model.
- A catalogue of good practices for the CPCC model.
- The right to free choice of the Nursing home (Tuscany Region).
- The use of Non-pharmacological therapies.

5.3. Knowledge areas for the implementation of a CPCC model? `How would you rate the following knowledge areas for the implementation of a CPCC model? `

The Knowledge areas considered for a CPCC model are the following:

- Ethical care approaches and principles oriented towards the rights of the old people.
- Relevant elements of person-centred care: principles, values, methods and instruments for the development of this model.
- Communication abilities and relational skills, geared at interactions with old people with different needs, families and other professionals
- Teamwork to enhance the autonomy of the residents, incorporating them, or their relatives, in making decisions that affect their daily lives.
- Some new and diverse interventions, based on stimulation activities or therapies carried out in the facilities and

significant daily activities for the users.

Some remarkable items are the following:

- Ethical care approaches and principles oriented towards the rights of the old people.
- Ethics and values high, it is done on the basis of good cooperation and vice versa if good cooperation is prioritized.
- The ethical consideration is an essential factor. An ethical principle is the support of all professional practices.
- Communication skills and relationship skills tailored to interactions with the elderly with different needs, families and other professionals.
- Communication: Language commonly used by doctors is not easy “accessible” for patients and relative.

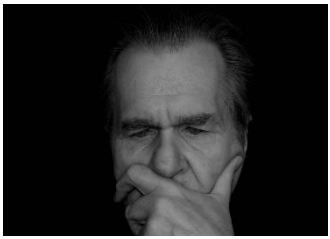
6. Professional profile for implementing a CPCC model

6.1. Vocational Education and Training offer

Regarding the education and training offer in your country (formal and informal systems), Do you consider appropriate the learning outcomes of these systems for developing a CPCC model in the sector?

Generally, there is satisfaction with the education itineraries in the countries. Experts have considered that training programmes are suitable and might be used as the basis for the development of a CPCC model in this sector. Nevertheless, some consider that training pathways do not foresee specific training for assistance to elderly. And some experts consider Higher Education level as the best option for the qualification of the professional of reference.

In Denmark, experts have remarked especially because the educations have got an increased focus on the person-centred aspect.



6.2. Good practices in the field of non-formal training

Is there any case or experience of good practices in the field of non-formal training for implementing a Centred-Person Care model, which could be considered as a reference for nursing homes in your country?

Regarding non-formal education for implementing a CPCC model some relevant topics have been considered:

- - Learning by practice in the workplace is very important in this sector.
- -Recognition and accreditation of competencies and skills acquired through labor experience by an informal caregiver of a person with multiple pathology.
- Permanent training in the workplace: A coaching learning method and self-evaluation tools are considered helpful for a CPCC model.

6.3. Professional of reference and CPCC model

Do you think that the development of a "New professional profile for the development of CPCC" in the education in training system, would be able to promote the shift for a new model of long-term care in the country?

A new professional profile in the education and training system is required, which would be extremely useful for the needs of the long-term care sector.

It is remarkable that a new training programme would be useful to improve teamwork and communication among caregivers, professionals, users and their families. It would be also helpful to achieve that "one might be more reflective".

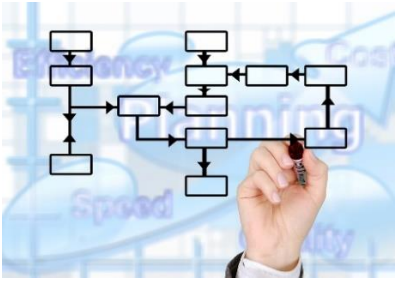
6.4. Competencies for the staff of direct attention in a CPCC model?

Competencies required for the staff of direct attention in a CPCC model:

- To respect people's values and putting people at the centre of care.
- To take into account people's preferences and expressed needs.
- To coordinate and generate resources in order to facilitate the autonomy.
- To work together to make sure there is good communication, information and education.
- To make sure people are physically comfortable and safe.
- To provide old people with emotional support.
- To make sure people have access to appropriate care when they need it.
- To make sure there is continuity between and within services.
- To involve family and friends.

Some remarkable issues are the following:

- Respecting the values and the needs of the residents on behalf of the employees, will lead to the provision of a quality service.
- The strength is that the citizen himself/herself make all decisions and the staff have good communication skills.
- All listed competences are considered strong points and can become threats if the staff involved did not acquire them.
- It is also important to know how to use observation techniques for the identification of capacities and strengths in the elderly.
- Communication competencies is fundamental and when missing represent a strong weakness.



7. CPCC model and its impact on qualification requirements

7.1. Training areas for a new CPCC in the long-term care for the elderly

Training areas for a CPCC model:

- Communication skills: Effective communication by nursing home staff, communication skills in nursing homes, etc.
- Teamwork and leadership for an effective healthcare teamwork
- Prevention of psychosocial risks at work: Stress management course for caregivers, management of conflicts, etc.
- Ethical principles at workplace,
- Effective organizational change management
- Management of Innovation. ITC for a Person-centred care model. Management Software for a CPCC model in nursing homes.
- Organizational change management (How to deal with resistance to change)
- Management of Nursing homes according to the CPCC model
- Coordination with social services/municipalities, etc.

Some remarkable issues:

- There is progressive increase in the need for communication with the increasing deficit of partners/relatives.
- Teamwork and communication score high and that it is a strength.
- A better coordination between institutions should be promoted, being currently a weak point of the care system.
- Psychosocial risks prevention since we are caring for people with physical and cognitive disabilities.
- Communication skills since we are caring for people with verbal communication disorders.

7.2. Open educational resources for the CPCC model

Do you think that an open educational resources freely available in the internet will be helpful for the implementation of the CPCC model in this sector in your country?

About eLearning and open education resources available on the internet, there are some considerations:

- Some open educational resources freely available in the internet will be a complementary resource, but not sufficient. ELearning proposal needs serious monitoring by the tutor and effectiveness of learning contents. There is a need for dialogue as the education involves attitudes.
- Addressees of this qualification are people with low level education attained, but with long years of experience in their jobs. We must keep in mind that current qualifications come from the bottom up.

III. EDUCATIONAL CURRICULUM

PROFILE OF THE PROFESSIONAL OF REFERENCE IN A PERSON CENTRED CARE MODEL

Title of the qualification

PROFESSIONAL OF REFERENCE IN A PERSON-CENTRED MODEL CARE IN LONG-TERM CARE FACILITIES

8. 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**.**

9. 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.

10. 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.

11. Competencies[1]

The professional of reference is the person responsible for the personalized care of each resident, with continuous support, in the long-term facilities for the elderly.

Specific competences required in the job post:

- To respect people's values and putting people at the centre of care.
- To take into account people's preferences and expressed needs.
- To coordinate and integrate care.

[1] Competence: A cluster of related abilities, commitments, knowledge, and skills that enable a person (or an organization) to act effectively in a job or situation. www.businessdictionary.com/

- To work together to make sure there is good communication, information and education.
- To make sure people are physically comfortable and safe.
- To provide old people with emotional support.
- To make sure people have access to appropriate care when they need it.
- To make sure there is continuity between and within services.
- To involve family and friends.
- To know how to use observation techniques for the identification of capacities and strengths in the elderly.

12. 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)[2]
5. Management of psychosocial risks. Application of emotional intelligence in the CPCC model.

[2] ACTIVE AND ASSISTED LIVING PROGRAMME: ICT for ageing well. http://www.aal-europe.eu/

10. Learning contents: training modules and units of learning

10.1. Management of the CPCC model: Management models in European countries based on dignity and well-being.

- Module 1. Person-Centred care model
- Module 2. Personalized care plan.
- Module 3. Bioethics and values in the CPCC model.
- Module 4. Professional of reference in long-term care facilities.
- Module 5. Dementia and Alzheimer's diseases (Tom Kitwood methodology).

At the end of the learning process the student will be able to:

- To identify the main characteristics and elements of a CPCC model.
- To take part in a multidisciplinary teamwork for the development of a personalized care plan of each resident.
- To be able to involve family and friends in the development of the personalised care plan.
- To be able to characterize the strategies and the techniques to fostering communication and social relationships with the environment, analysing the principles of social and emotional intelligence.
- To be able to Identify needs and critical issues of the relatives and social contact of the assisted person to analyse social and familiar contest
- To know how to apply bioethics principles and values in their professional performance.
- To be able to choose and plan activities that promote quality of life, taking the level of functioning into consideration.
- To recognize the job tasks and responsibilities of the professional of reference in the long-term care facilities.
- To manage with observational instruments for the identification of capacities and strengths in the elderly with dementia and Alzheimer's disease.

10.2. Human Resources management (social skills). Skills for the new figure: communication techniques.

- Module 1. The communication process in the long term-care facilities.
- Module 2. Special communication needs.
- Module 3. Technical aids in alternative communication.
- Module 4. Communication of difficult situations.

Learning outcomes: At the end of the process the student will be able to:

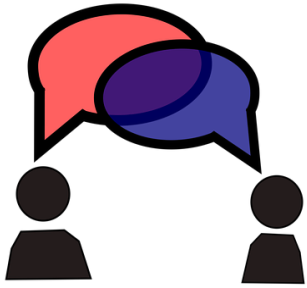
- To be able to recognize the preferences of people and the needs expressed verbally or non-verbally.
- To be able to use communication as a tool for creating a professional and interdisciplinary scope for action as well as creating a conflict free and violence-prevention environment.
- To be able to relate alternative and augmentative communication systems to the person in need of care, assessing its specific difficulties.
- As part of the course of the elderly/patient's process, conduct targeted communication including preparing, organizing, evaluating and documenting conversations.
- To be able to communicate with verbal and non-verbal language with the assisted person, with his/her relatives and with colleagues. Capability to understand non-verbal communication of the assisted person.

10.3. Human resources management: Organization, planning, teamwork skills in the CPCC model.

- Module 1. Teamwork.
- Module 2. Techniques of work organization.
- Module 3. Leadership and motivation. Change management towards the CPCC model.
- Module 4. Negotiation, mediation, problem solving and conflict resolution.

Learning outcomes: At the end of the process the student will be able to:

- To be able to work in cooperation with other professionals of the team to identify health care needs of the assisted person
- To be able to make sure there is continuity between and within services.
- Alone and in collaboration with others based on established quality standards, including service level descriptions, identify, plan, perform and evaluate their work tasks and work processes;
- In collaboration with others, to be able to develop a good mental and physical working environment,
- To be able to work together in order to make sure there is good communication, information and education.
- To be able to apply conflict management and problem solving techniques, interpreting set guidelines for action. Work in cooperation with other professionals of the team to identify health care needs of the assisted person
- To be able to work in team and implement cooperation strategies.



10.4. Innovation management to promote CPCC model: New Information and Communication Technologies (ICT) in the CPCC model. The Active Assisted Living project (AAL)

- Module 1. CPCC model: Influence of the environment and architectural designing.
- Module 2. Technical aids to enhance the autonomy of the elderly.
- Module 3. The observation and recording of functional evolution and the development of activities.
- Module 4. TICS. Active Assisted Living Project (AAL).

Learning outcomes: At the end of the learning process the student will be able to:

- To be able to facilitate the access of residents and their families to adequate socio-sanitary care, through the use of technical, technological and environmental means.
- To be able to make sure people have access to appropriate care when they need it.
- Based on the needs of the elderly, the student will able to recognize the workplace resources and the established quality standards, including service level descriptions, identifying, organizing, performing, evaluating and following up on the work of partners in the process.
- To be able to Identify needs and critical issues of the relatives and social contact of the assisted person to analyse social and familiar contest
- To be able to recognize assistance programs for people in need of care, relating the organisation and the operation model to the legal framework in force.
- To be able to organise the intervention with people in need of care, selecting the strategies according to their characteristics and the guidelines of the intervention programme.
- To be able to organise the necessary resources for the intervention, relating the

context where the activity is developed to the characteristics of dependent persons.
- To be able to choose and plan activities that promote quality of life, taking the level of functioning into consideration.
- To apply relevant welfare technology as well as participate in implementing new knowledge and technology.

10.5. Management of psychosocial risks. Application of emotional intelligence in the CPCC model.

- Module 1. Psychosocial risk factors and hazards
- Module 2. Stress and Burnout in the Professional Caregiver
- Module 3. Health problems attributable to the PS risks.
- Module 4. Emotional intelligence to face the psychosocial risks.Learning outcomes:

At the end of the learning process the student will be able to:

- To be able to identify main risks factors and hazards regarding psychosocial risks at works.
- To be able to use techniques to face psychosocial risks at work, providing a positive emotional support to the elderly.
- To know effects of dementia on caregivers.
- To identify what factors moderate or mediate the impact of stress on caregivers.
- To be able to provide old people with emotional support according to the established organisational risk prevention plan.
- Based on the resources of the elderly/patient and aids, to be able to organize their own work, as well as others, according to ergonomic principles, the workplace's working environment rules and safety measures.
- To be able to organise the environment where he/she works, relating the psychosocial demands of people in need of care to the

characteristics of the institution or home.

- To be able to select psychosocial support strategies and social relationship skills, analysing the needs and the characteristics of people in need of care as well as the working plan established.
- To be able to apply psychological, rehabilitation and occupational training and maintenance techniques and exercises for people in need of care, following the intervention plan established. Characterises escorting techniques for social relationship and daily life management activities, relating the community resources to the demands of the people in need of care.
- To be able to use emotional intelligence to face the psychosocial risks in the workplace.

11. European dimension of the educational curriculum: EQF - ECVET

The EQF level of the New-Care project training proposal is established with the reference of EQF level 5 stabilised in National Qualifications Frameworks of the participant's countries.

The participants in the training processes will have the following educational level attained:

- BULGARIA. Certificate of professionalism: "Health assistant" (EQF 4)
- DENMARK. Social and Health Care Assistant (EQF 4). Social and Health Care Helper (EQ 3)
- ITALY. University Degree in nursing EQF Level 6
- ROMANIA. "Case Manager who are Social worker or persons having a socio-human education/" (EQF4)
- SPAIN[3]. Diploma "Technician in Attention to People in Situation of Dependence" (EQF 4 – there is

[3] In 2018, Spanish National qualification system is not linked to EQF. See A CEDEFOP's report about: Overview of NQF in 2017: http://www.cedefop.europa.eu/es/events-and-projects/projects/european-qualifications-framework-eqf

not an official reference to EQF level). Certificate of professionalism: “Socio-health care for dependents in social institutions” (EQF 4 – there is not an official reference to EQF level).

European Qualifications Framework (EQF)

The EQF acts as a translation instrument to make national qualifications more readable across Europe, promoting workers' and learners' mobility between countries and facilitating their lifelong learning by helping comparison between qualifications systems and frameworks in Europe. It is composed of eight reference levels described in terms of learning outcomes to allow any national qualifications systems, national qualifications frameworks (NQFs) and qualifications in Europe to relate to the EQF levels.

The EQF Recommendation (update) was adopted by the European Parliament and the Council in 2008. On 22 May 2017, the European Parliament adopted the revised Council recommendation on the European Qualifications Framework for lifelong learning. The revised version repeals the initial EQF Recommendation from 23 April 2008. More information on the EQF can be found on the European Commission website.

Learning outcomes [4]

Learning outcomes are statements of what a learner knows, understands and is able to do on completion of a learning process (see the 2008 Recommendation on the European Qualifications Framework - EQF).
Usually, qualifications frameworks indicate the overall level of learning outcomes in a qualification. For ECVET purposes the European Qualifications

[4] http://www.ecvet-secretariat.eu/en/essential-ecvet-documents

Framework (EQF) is used as a reference for levels.
Learning outcomes can be used for various purposes such as to establish descriptors of qualifications frameworks, define qualifications, design curricula, assessment, etc. Learning outcomes are set out in various levels of detail depending on their purpose and context.
Learning outcomes are developed in the process of designing qualifications. There are different approaches to identifying and describing learning outcomes depending on the qualifications system.

Learning outcomes may be acquired through a variety of learning pathways, modes of delivery (school-based, in-company, workplaces etc.), in different learning contexts (formal, non-formal and informal) or settings (i.e. country, education and training system.).

Units of learning

A unit is a component of a qualification, consisting of a coherent set of knowledge, skills and competence that can be assessed and validated (for this and all following quotes in italics see the ECVET Recommendation 2009).
Units enable progressive achievement of qualifications through transfer and accumulation of learning outcomes. They are subject to assessment and validation which verify and record that the learner has achieved the learning outcomes expected.
Depending on the existing regulations, units may be common to several qualifications or specific to one particular qualification.
Units are accumulated based on the requirements to achieve qualifications. These requirements may be more or less restrictive depending on the tradition and practice of the qualifications system and the way qualification standards are designed. Units can also be used to structure the

formal education and training programme.

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"

Dinamarca

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

Italia

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

España

- 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

EUROPEAN DOCUMENTATION

EUROPEAN COMMISSION:

•EQF European Qualification Framework.

•ECVET

•Long-term care

•Implementation report on the Commission Communication on a European initiative on Alzheimer's disease and other dementias

•Public Health

•European innovation partnership on Active and Healthy Aging. Active and Assisted Living Joint Programme (AAL).

AGE PLATFORM EUROPE:

•Quality long-term care & fight against elder abuse

•European Quality Framework for long-term care services.

EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES:

•Public reporting in health and long-term care to facilitate provider choice

•Home Care across Europe

GLOSSARY

Comprehensive Person-Centered Care Model (CPCC Model): The Person-Centred Approach developed from the work of the psychologist Dr. Carl Rogers (1902 – 1987). He advanced an approach to psychotherapy and counselling that, at the time (1940s – 1960s), was considered extremely radical if not revolutionary.

In the long-term care sector, a Person-Centred Care model focuses

on the Individual needs of a person, rather than the efficiencies of the care provider.

ECVET. The European Credit system for Vocational Education and Training: ECVET is a technical framework for the transfer, recognition and, where appropriate, accumulation of individuals' learning outcomes with a view to achieving a qualification. ECVET tools and methodology comprise the description of qualifications in terms of units of learning outcomes with associated points, a transfer and accumulation process and complementary documents such as learning agreements, transcripts of records and ECVET users' guides.

EQF. The European Qualifications Framework (EQF) is a translation tool that helps communication and comparison between qualifications systems in Europe. Its eight common European reference levels are described in terms of learning outcomes: knowledge, skills and competences. This allows any national qualifications systems, national qualifications frameworks (NQFs) and qualifications in Europe to relate to the EQF levels. Learners, graduates, providers and employers can use these levels to understand and compare qualifications awarded in different countries and by different education and training systems.

Qualification. a formal outcome of an assessment and validation process which is obtained when a competent institution determines that an individual has achieved learning outcomes to given standards.

Learning outcomes. Statements of what a learner knows, understands and is able to do on completion of a learning process and which are defined in terms of knowledge, skills and competence

Unit of learning outcomes (unit). a component of a qualification, consisting of a coherent set of knowledge, skills and competence, that can be assessed and validated

Credit for learning outcomes (credit). a set of individuals' learning outcomes which have been assessed and which can be accumulated towards a qualification or transferred to other learning programmes or qualifications

Competent institution. institution which is responsible for designing and awarding qualification or recognizing units or other functions linked to ECVET, such as allocation of ECVET points to qualifications and units, assessment, validation and recognition of learning outcomes, under the rules and practices of participating countries

Assessment of learning outcomes. Methods and processes used to establish the extent to which a learner has in fact attained particular knowledge, skills and competence

Validation of learning outcomes. The process of confirming that certain assessed learning outcomes achieved by a learner correspond to specific outcomes which may be required for a unit or a qualification

Recognition of learning outcomes. The Process of attesting officially achieved learning outcomes through the awarding of units or qualifications

ECVET points. A numerical representation of the overall weight of learning outcomes in a qualification and of the relative weight of units in relation to the qualification.

More information at
https://www.newcareproject.eu/