



AppForDem



National report and proposal for training CV and OERS

ROMANIA

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1. Current situation of caregivers (formal-non formal): competence required in work processes

In Romania, long-term care is focused almost exclusively on informal care. Changing social norms in recent years in the Romanian society, together with the phenomenon of massive emigration have led to an increase in the number of elderly people living alone, but would need care at home or in the residential system. However, providing home care is difficult because most of the elderly population in Romania lives in rural areas, where the availability of such services is absent or insufficient. **Informal care, especially towards elderly people, is one of the most traditional form of care and welfare in Romania.**

In Romania, elderly people, depending on their personal situations of socio-economic, medical and physiological nature, benefit from social assistance measures, in supplementing social insurance benefits to cover the risks of old age and health.

The most important legislative act, which is the basis of the provision of social services to the elderly in Romania, is Law no 17/2000 which promotes **"measures to allow people elders to lead an independent existence in their ordinary environment, as long as they wish and as far as possible, measures concerning first and foremost the health care of the elderly and the health services they need"**.

According to the provisions of Law no.292 / 2011, **the family of the elderly person has the obligation to ensure its care and maintenance.** The obligations of the family of the elderly person are established in such a way that they do not affect the income considered to be the minimum necessary for the current life of the person(s) in charge of maintenance, as well as of his/her children.

In the situation in which the elderly person has no family members or whose family cannot provide, in whole or in part, his care and maintenance, the state intervenes by granting social assistance benefits and social services adapted to the strictly individual needs of the elderly person.

The benefits of social assistance for elderly people in need of care refer to:

- **care allowances**, granted under the conditions of the law;
- **allowances or contributions** to ensure the quality of social services, intended to cover the costs of food in social canteens, in residential care centers, as well as for support, **nutritional supplements**;
- **facilities** for urban and interurban transport, telephone, radio-tv, purchase of food, tickets for spa or recreation, as well as other services.

In order to prevent, limit or eliminate the temporary or permanent effects of situations that may affect the life of the elderly person or generate the risk of social exclusion, the elderly have the right to social services.

In a study conducted by The National Council of Elderly People (2018) regarding long-term care of the elderly, the right to social assistance is established on the basis of the social investigation, respecting the criteria set out in the national grid for assessing the needs of the elderly.

The social and socio-medical services are provided without payment of the contribution of the elderly persons who do not have income or whose income are less than 5 times the level of the monthly net income taken into account when establishing the social aid for a single person.

The organization of social and socio-medical services is the responsibility of the local councils, directly or on the basis of conventions with non-governmental organizations, religious cults recognized in Romania or with other legal entities.

Community services for the elderly are performed with their consent and consider: a) temporary or permanent home care; b) temporary or permanent care in a home for the elderly; c) day care, clubs for the elderly, temporary care homes, apartments and social housing, as well as others.

The dependent elderly benefit from personal care services provided in accordance with the degree of dependency, as well as according to the family situation and the income they have.

The provision of the care services is carried out according to the individualized plan of assistance and care, elaborated by specialized personnel, based on the recommendations made by the evaluation team. **Informal and formal carers benefit from facilities and support services, allowances, counseling services, respite care services, according to the law, only for the people who are officially recognized as having a disability.** However, older people who have chronic illnesses or are terminally ill or have multiple comorbidities can be evaluated for their disability. In this way, they can receive a care allowance that is usually given to a member of their family.

2. Training systems and programs in Romania

A recent study (Europe is ageing ... Is Romania ready? An analysis of the situation of social services acquisitions dedicated to elderly people, 4Change Association, 2019), shows that about 6-7% of the elderly population in Romania need home care services, **but only 0.23% actually benefit from such services.**

Although social assistance has grown significantly in Romania, there is a weak development of services for the elderly, especially from the rural area, compared to other disadvantaged categories of the population.

The same study suggests that the differences between public / private in the case of home care services for the elderly are significant. Of the total number of licenses granted to the social care services, about 81% are granted to private providers.

The poor national context regarding elderly people in Romania is also mirrored in the case of the vocational training system, **as no official curriculum has been implemented so far in Romania in the national educational system.** Most of the vocational trainings for home care services for

elderly are provided by private entities (NGOs and for profit companies), especially through European funds, but not exclusively, and are accredited by the National Qualifications Authority.

The course consists of 360 hours (120 hours of theory and 240 hours of practice) and provides the participants the following units of competences, taking as an example the Red Cross training:

- **Workplace communication** (360 hours) - Participants know how to communicate effectively with assisted persons;
- **Application of labour protection norms** (18 hours) - Participants know and respect the labour protection norms;
- **Ensuring hygienic and sanitary conditions** (24 hours) - Participants know how to ensure personal hygienic and sanitary conditions for the assisted persons;
- **Ensuring professional development** (18 hours) - Participants know how to identify the need for training and understand what self-training means;
- **Preparing the Assisted Person Care Plan** (24 hours) - Participants know how to design the Assisted Care Plan;
- **Managing the resources** (24 hours) - The participants know how to manage the resources;
- **Daily activity planning** (24 hours) - Participants know how to plan daily activities with the elderly, according to their needs.
- **Providing hygienic care for the assisted person** (24 hours) - Participants have the ability to provide hygienic care to the assisted person;
- **Granting first aid to the assisted person** (36 hours) - Participants know how to give first aid to the assisted person;
- **Ensuring the comfort of the assisted elderly** (18 hours) - Participants know how to ensure the comfort of the assisted elderly;
- **Food Assistance and Food Administration** (18 hours) - Participants know how to prepare and administer food to the assisted person;
- **Mobilization and transport of the assisted elderly** (24 hours) Participants know how to mobilize and transport the assisted elderly;
- **Respect and application of medical prescriptions** (18 hours) - Participants know how to respect the medical prescriptions of the assisted persons;
- **Monitor the health status of the assisted person** (36 hours) - Participants know how to monitor the health status of the assisted person throughout the activity and to inform the family and the medical team of any changes that have occurred.

It is important to mention that **no face to face home care training focuses exclusively on patients with Alzheimer disease, and this situation generates vulnerabilities for both caregiver and care recipient.**

3. Open educational resources available in the country - good practices

As mentioned in previous chapters, there are multiple nonprofit and for profit entities providing home care trainings. Organizations as Romanian Red Cross and Caritas Romania have a long tradition in providing social services for elderly people at national level and in the last 10 years, have been implementing home care trainings **based on a consistent need for these kind of services**.

For patients with Alzheimer disease, even if there are currently no available face to face trainings for caregivers at national level, online educational resources have been developed by organizations like Habilitas, Romanian Alzheimer Society, EASI Romania and Ana Aslan Foundation.

- **Habilitas Association:**

THE ENHANCING LABOUR MARKET INTEGRATION OF ELDERLY FAMILY CARERS THROUGH SKILLS IMPROVING” (ELMI), a Leonardo da Vinci Transfer of Innovation project was implemented between 01.03.2014 – 28.02.2016. The project was financed by the European Commission through the National Agency for Community Programmes in the Field of Education and Professional Training in Romania (ANPCDEFP).

The consortium was formed by 7 partners from 5 countries: Romania (Asociatia Habilitas – CRFP – coordinator, Romanian Alzheimer Society, Caritas Confederation Romania), Italy (Anziani e Non Solo), Poland (University of Lodz), Czech Republic (European Development Agency) and Austria (E.N.T.E.R).

The project **developed an Online training course for informal (family) carers of elderly** – www.elmicourse.eu, **with special focus on the care of older persons with Alzheimer dementia**. The course aimed at informal carers acquiring skills in elderly care, allowing them to face the challenges of this role, and also for their ulterior professionalization and integration on the labour market. The themes approached in the training program concern **elderly care** (nutrition, communication etc.), **problems generated by the most frequent pathologies** (with special focus on Alzheimer dementia), **stress prevention, support from social services**.

A more recent initiative of the Association, along with other European partners, is **Story 2 Remember project - Using Drama and Storytelling in Dementia Care**.

The organisations implementing the project are:

The Romanian Alzheimer Society (Promoter),

Habilitas – Center for Resources and Professional Training,

Gaiety School of Acting – The National Theatre School of Ireland,

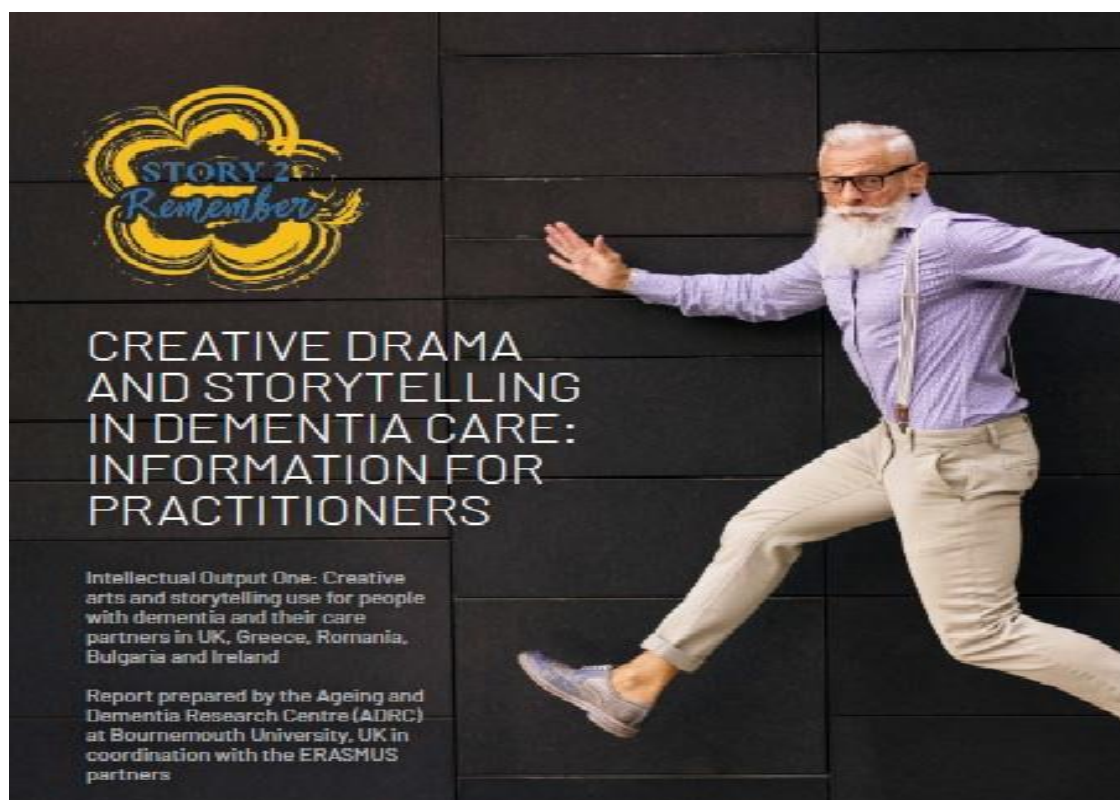
Alzheimer Bulgaria Association,

Alzheimer Hellas – The Greek Association of Alzheimer Disease and Related Disorders,

Bournemouth University, UK.

This project proposes an innovative methodology based on creative drama and storytelling, for creating a training program to be used by health and social care professionals in care settings, with persons with dementia. This programme is piloted in 4 European countries: Romania, Greece, Bulgaria and United Kingdom. It also proposes a Toolkit for improving communication between family carers and persons with Dementia, using role plays and storytelling. Recently, as the project is still its last month of implementation, the training handbook has been edited and it is currently available for the stakeholders: <https://story2remember.eu/>

The programme aims to build necessary skills in care staff to deal with the complex care needs of people with dementia. Creative drama and storytelling can act as a means for expressing oneself, which can help support people with dementia to ease the agitation/anxiety feelings due to memory loss. In tandem with the Booklet – “Creative drama and storytelling in dementia care: Information for practitioners”, the handbook is designed to equip facilitators with all the necessary information, skills and materials to guide the delivery of the Story2Remember programme in care settings.



The project **TENDER4LIFE** aims to promote the professional development of low skilled adults working in elderly care, by providing them with a complementary and alternative curriculum, based on humanistic approach.

The partnership delivering TENDER4LIFE is composed by 7 organisations from different fields of work to contribute to a multidisciplinary partnership, putting together VET schools, training providers, care providers, universities and networking organisations:

Promoter: Anziani e Non Solo (ANS), Italy

Partners:

Aproximar, Portugal

Omnia, the Joint Authority of Education in Espoo Region, Finland

Habilitas Association, Romania

MEH – Merseyside Expanding Horizons , United Kingdom

CUT – Cyprus University of Technology, Cyprus

European Association for Social Innovation, Romania

Specific goals:

- Identify the new job profile and competences for elderly care, which is emerging from the contemporary changes in care services;
- Develop a multimedia training course to enhance the competences of low skilled elderly care workers to perform a better job role, to address care organisations' needs and to complement the initial qualifications of these care workers;
- Pilot the B-learning training course for elderly care workers;
- Create a good practices guide on humanist approach to support elderly care settings towards.

- **Romanian Alzheimer Society**

SUCCESS is a research project funded by the AAL Programme aiming to support and accompany formal and informal caregivers, and the public, to effectively interact with Persons with Dementia (PwD). The project with duration of 36 months (March 2017 – February 2020) and a total budget of 1.7 Million Euros brings together scientific specialists on research and development activities of Active and Assisted Living (AAL) technologies, experts in the domain of health and wellbeing of the older population, SMEs from various domains related to the research on various innovative topics and large industry from IT solutions.

The objective of SUCCESS is to guide users to effectively respond in specific situations related to the appropriate and effective interaction with PwD. Moreover, it helps carers to create meaningful activities, by maintaining a sense of purpose at the individual's level of ability. Spouses or relatives will learn how to cope with behaviours and address their own feelings during their interactions with PwD.

In the context of the SUCCESS project, **an Android application is developed and evaluated involving the end-users themselves, by providing an innovative training application on the user's mobile device to support the interaction of formal and informal caregivers with PwD**

appropriately and effectively. To provide an interesting and innovative way of teaching and guidance, SUCCESS supports the user through an avatar, allowing enjoyable trainings and role plays between the user and the fictional character. Live conversations with an avatar with dementia will allow the conduction of realistic scenarios in order to try different interaction strategies. After the training, the avatar will give concrete feedback to the user. Additionally, gamification elements motivate the user to increase their knowledge about interaction strategies and everyday activities with PwD.

The consortium consists of 9 partner organizations and is led by AIT Austrian Institute of Technology GmbH (Austria). The consortium is well-balanced in terms of involvement of SME partners: Exthex (Austria), Citard Services Ltd (Cyprus); Academic and research institutions: University of Lethbridge (Canada), University of Oslo (Norway), University of Cyprus (Cyprus); end-user partners from non-profit organizations: Romanian Alzheimer Society (Romania), EURAG Österreich (Austria); and large industry: Singular Logic Romania Computer Application SRL (Romania).

- **Ana Aslan Foundation**

CARERSUPPORT Project - innovative platform for informal carers' training, orientation and collaboration

An innovative platform for informal carers who are the backbone of long-term care systems but at risk due to chronic stress generated by caring activities.

CarerSupport aims at reducing the fragmentation of existing service models, based on the introduction of a centralized platform, which serves as a single entry point to a wide range of services for secondary users (i.e. informal carers) including training services, psychological support services, as well as a range of tele-consultation and collaboration services (with the involvement of formal carers and health professionals). The main exploitable products and services: (i) Training materials and courses, (ii) Training programmes, (iii) Tele-consulting services including synchronous interactions in case of emergency, (iv) Psychological support services and programmes.

- **European Association for Social Innovation Romania**

Another project is CARE4DEM Erasmus+ project (2017-2020) aiming at developing a new and innovative model of mutual aid groups which promotes caregivers' involvement, by introducing web-based tools integrated with other types of intervention. Its objectives are to:

- Enhance the carer's satisfaction with care and reduce the risk of burn-out;
- Trigger the development of mutual aid groups for carers, building on facilitators' training.

Building on transnational research, the CARE4DEM model of web-based mutual aid group has been developed and validated and it is currently tested in Italy, Romania, Spain and Portugal. All the information and tools required to implement this model will be made available to professionals.

The project is also:

- Identifying the facilitator's competence profile suitable for the designed model of mutual aid groups;
- Developing a multi-media course for mutual aid groups' facilitators;
- Creating a network of professionals across the EU working towards improving the support offered to informal carers.

The project is implemented by Anziani e Non Solo (ANS), Italy – Promoter and the following partners:

Aproximar, Portugal

Caso 50+, Portugal

Eurocarers, Belgium

Instituto de Salud Carlos III, Spain

European Association for Social Innovation, Romania

4. Qualitative analysis (based on 5 interviews in depth) about a proposal of training CV on dementia

Habilitas Association has selected 5 professionals working in different services designed for elderly people, both public and nonprofit. Between February 15 and March 10, the Association received the questionnaires with feedback from professionals, and their proposal of a training CV on dementia.

The organizations selected in this study are located in different regions of Romania, having in mind the diversity of practices and regional differences: Romanian Society for Alzheimer Cluj Napoca (Nord-West Region), Romanian Society for Alzheimer Constanta (South-East), Community Support Foundation Bacau (Nord-East), General Directorate of Social Assistance and Child Protection District 6 Bucharest (capital region) and General Directorate of Social Assistance and Child Protection District 1 (capital region).

BLOCK 1. CURRENT SITUATION OF CAREGIVERS OF PEOPLE WITH DEMENTIA

Professionals interviewed in this study agree that caregivers lack essential knowledge and skills in caring patients with dementia:

“Currently, caregivers of people with dementia do not have sufficient knowledge and skills to care for them. Training courses should develop both activities aimed at the physiological needs of the patient, management of acute situations that may occur, how to communicate with the patient, as well as specific activities for patients with dementia (social activities, games, practical activities, etc.). But first of all, caregivers must understand what this diagnosis represents and that most of the patient's attitudes is determined by the disease.”

This situation can lead in some cases to abuse and neglect of the patient and also to burnout for the caregiver:

“NO, they (the caregivers) don't really understand the diagnosis of dementia and there are quite a lot of abuse situations. Beyond the effective training for caregivers, I think there is a need for a routine to rest because burnout syndrome appears easily.”

“From the professional practice, I appreciate that both the knowledge and the skills of the caregivers reach a satisfactory level. In the early stages of the disease, they do not know or deny the existence of the disease, afterwards most are not prepared for such a challenge and their reactions/ attitudes towards the sick person are inadequate. Caring for and respecting the dignity of those close to them requires specific knowledge and information, accessible at times of heavy pain and suffering. Through training courses, skills such as communication, stress management, aggressive behavior management can be improved. We can help/advise them how to give themselves some respite time to refresh their strengths so that they can support the patient.”

One specialist consider that taking a training and obtaining a certificate, can provide proper skills and knowledge from a workplace point a view, but, on the other hand, training curriculum should focus more on the following aspects: medical knowledge in regard to the pathology, communication (verbal and nonverbal), ways of preventing further degeneration/ complications of the pathology, strategies to compensate the lost abilities and ways to maximize the remaining abilities.

When asked about the official courses content and their usefulness for the day performance of caregiver of people with dementia, a firm reaction came from a professional stating that there are no courses provided by public entities:

“Are there official courses? Can we access them? Apart from the trainings organized by private providers, we don't know other options.”

Other professionals consider that the content of the face to face training can be sufficient, as long as it is followed by a continuous professional and personal development: “Whenever we can learn something new, so the courses can be improved with current research studies, reports, observations, etc.” or,

“The content of the courses may be sufficient to carry out the activity of caretaker if at least once every two years the person has completed improvement programs.”

BLOCK 2. CONTENT FOR A TRAINING CV PROPOSAL

Most of the specialists in social and medical services for elderly consider that face to face trainings are always a better learning options and that e-learning platforms, although very accessible and useful, may be out of reach for some social groups, especially for those who lack digital competences and a computer.

One suggestion regarding this topic was that the face to face trainings can be improved with role playing and other interactive tools.

Regarding the training curriculum for caregivers of those with dementia proposed in the context of AppforDem project, the specialists indicated the degree of priority of each item, as following:

- **M1. Introduction to dementia** – 1 (3 answers), 2 (2 answers);

Opinions from specialists: *“Usually the problem of dementia is known. It is more experienced at stress levels and exhaustion for those who do not experience such experiences. In short, this introduction should be concise.”*

- **M2. Dementia** – 1 (2 answers), 2 (3 answers)

Opinions: *“It should be focused more on practical aspects, and less on theory”*

- **M3. Be aware of aggravating factors** - 1 (5 answers)

Opinions: *“Here we enter the area of prevention which is important and should be given a wider space.”*

- **M4. Specialized care** - 1 (5 answers)

Opinions: *“We are approaching practical issues of particular interest. They need to be treated extensively.”*

- **M5. How to approach someone with dementia** - 1 (5 answers)

Opinions: *“The person centered approach is the key to the intervention.”*

- **M6. Attitude towards behavioral alterations** - 1 (5 answers)

Opinions: *“Changes in behavior, respectively the opposite of what was the person with dementia, is one of the biggest challenges. The focus should be on the efficient management of crisis situations.”*

- **M7. Supporting the family of people with dementia** – 1 (4 answers), 3 (1 answer)

Opinions: *Here we are talking about the second, third if not more patients as a side effect. I would emphasize the stigmatization of people with dementia and their members.*

- **M8 Institutional resources** - 1 (4 answers), 3 (1 answer)

Opinions: *"The existing ones should be mentioned and the development of services encouraged."*

- **M9. Legal topics** – 1 (3 answers), 2 (2 answers)

Opinions: *"Very important aspects related to guardianship signing legal documents (See sale-purchase contracts, wills, etc.)"*

- **M10. Ethical behavior at workplace** - 1 (3 answers), 2 (2 answers)

Opinions: *"Ethical issues must prevail if we are to respect the dignity of people with dementia."*

As listed above, there are small variations regarding the degree of priority of each item, as most of the units have a high priority, but there are some suggestions for a concise approach especially for units M1 and M2. Therefore, professionals suggest M1 and M2 should focus more on practical information, and less about theory.

BLOCK 3. TRAINING CV AND NATIONAL VOCATIONAL TRAINING SYSTEMS

All of the specialists interviewed consider that the training CV proposal could be implemented in national VET programs and perceive it as a valuable resource for caregivers working with dementia caretakers.

When asked about the utility of a training CV for caregivers of people with dementia in national vocational training system, in terms of strengths, weaknesses, threats and opportunities, the answers can be summarized as following:

Two final suggestions are mentioned in regard to the topics, one concerning that the focus of training should include communication and relational skills and less theoretical aspects.

The other one refers to the necessity of integrating the course in the national vocational training system in order to be able to provide competent carers throughout the territory, both urban and rural in residential care facilities. Also, the quality of these courses must be ensured, by the proper training of the trainers and the completion of the courses through a serious evaluation of the theoretical and practical knowledge.

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5. Conclusions, proposal of a national CV for caregivers of people with dementia

In Romania, long-term care is focused almost exclusively on informal care and is one of the most traditional form of care. This tendency is also endorsed by the regulations, as the family of the elderly person has the obligation to ensure its care and maintenance, but also by the weak development of services for the elderly, especially from the rural area.

Although currently there are multiple providers of home care trainings, the caregivers have no possible options for taking a face to face course specialized in working with people with dementia, other than online resources. This situation can generate vulnerabilities for both carer (physical, mental, emotional exhaustion, lack of basic medical knowledge and interaction with the patient) and patient (neglect, abuse etc).

All specialists involved in the validation process consider that the training CV proposal could be implemented in national VET programs and perceive it as a valuable resource for caregivers working with dementia patients and can provide competent carers throughout the territory, both urban and rural. In short, as mentioned by the professionals, the training CV provides useful information, help caregivers cope with the challenges of long-term care, reduces physical, mental and emotional exhaustion and increases the quality of life for both parts.

A weakness in the implementation of the training CV agreed by all experts is that the online course does not allow interaction, direct communication or socialization with trainers and other caregivers, but can be overcome by including more communication and relational skills and less theoretical aspects.

The experts have agreed that the proposed training program is a very good one and we can use it in Romania at a national level, being very useful for carers, but also for other professional categories working in the care field for people with Dementia.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> -Provides useful information; -Strong technical information; -We can ease the challenges that this disease raises; -Help caregivers cope with the challenges of 	<ul style="list-style-type: none"> -The online course does not allow interaction, direct communication or socialization with trainers and other caregivers. - the caregivers don't know how to access the information, they are not used to work online

<p>long-term care;</p> <ul style="list-style-type: none"> -Reduces stress and physical, mental and emotional exhaustion; -Increases self-esteem; -Facilitates social inclusion. -We can create a resources library in the universities, research institutions, etc. -The social workers can become vector for transmitting the information - a new approach for this type of training, it fills a gap at the national level 	
<p>THREATS</p> <ul style="list-style-type: none"> -Due to the pressure and daily burdens as well as the physical, mental, emotional exhaustion, caregivers may not have the time or willingness to take and complete such a course; - Not to retain so much technical information. - high level of the course 	<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> -Flexibility; -It gives the carers the opportunity to develop their knowledge and skills; -Change the perspective and attitude of the caregivers on the patient; -It is possible to see a change in the attitude of the community towards people with dementia and their caregivers; -Developing inclusive support groups in areas that have not developed such services; -Training of facilitators. -there is a lacking training programs for the social services providers -improving the relationship with the family -for the piloting – widening the sphere for other professional categories as well

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