

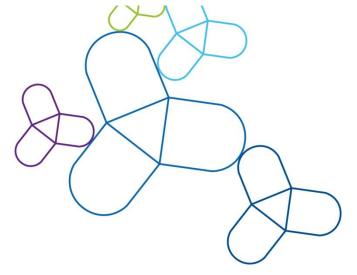


ECVET FOR ELDERLY CARE EFEC

SECTOR SKILLS ALLIANCES 2013 – 2014



www.ecvetforec.eut



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Funded by the European Union

Why is this project implemented?



Goal: Implementing a basic UNIT for Qualified elderly care workers

BY: Research of working life needs and testing the unit!

Context:

Increasing need for qualified staff

Context:

New skills and competences needed

Context:

New and different kind of services for elderly people



Why is this project implemented?



- Ageing population and work force, increasing need of qualified staff
- Needs of first level part of a qualification on the elderly care sector
- New and different education and training possibilities and methods (work based learning)
- Legislated sector: The education in social and health care sector, specially elderly care worker, is very differently organized in each partner country.
- Low status, image and motivation
- Always recruited mostly adult students, migrant (low-skilled, unskilled) worker
- Changes in society: need to change in models of care delivery (less hospitalcentric, more community/primary)
- New skills and competences, anticipate skills needs





What we can do?

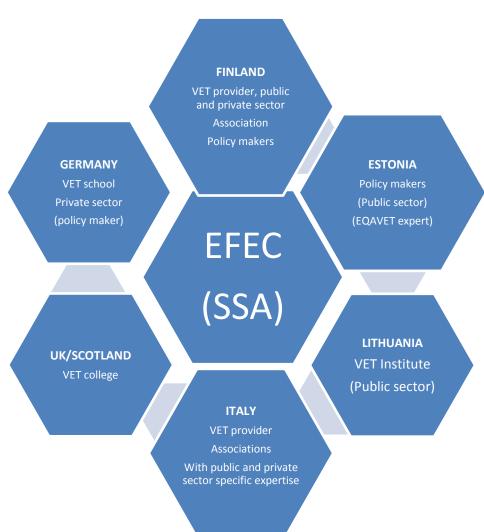


- Open atmosphere, European cooperation
- Sharing best practices on the elderly care sector
- Free movement of the qualified workers in EU
- Students, teachers and worker/experts mobility's
- Anticipate skills needs
- Flexible individual learning pathways
- More flexible and different training solutions (work based learning, compound work based training and VET colleges learning etc.)
- New teaching and coaching methodology, attention to Learning Outcomes
- Accreditation of prior learning
- Coaching and motivation all the way
- Increasing recognition and validation of Learning Outcomes
- Simplification of comparability, transparency and mutual recognition in EU
- International ethical recruitment
- Limited legislation (EU level)



The benefits from taking part in SSA





First time we have in the same team partners from 6 partner countries:

- 3 VET policy makers, Bodies involved in education and training systems from 2 partner countries (Finland, Estonia)
- 5 VET providers/institutes, colleges, schools from 5 different countries
- 6 Sector Specific expertise (small medium enterprise and craft industry), both public and private from 3 partner countries
- 2 Associations form 2 partner countries

Wide-ranging point of view and analyse.

Deep cooperation with labour market. Sharing best practices between 6 countries.







The general aim of ECVET for Elderly Care project is to develop a basic unit of elderly care work based by research of working life needs', test and implement it.

to analyse working life needs, collect best practices and new innovations in the elderly care sector of partner countries

to collect work related competence list for elderly care worker based on analyse and research of working life needs

to create a Basic Elderly Care UNIT/criteria of LO (knowledge, skills and competences) and test it

to implement the work related competence list and UNIT using in work placement and VET organisations







The other objectives of the project are:

- to create new transnational alliance between VET providers, education and qualification stakeholders, public and private working life and professional associations (SC + quality + EQAVET)
- to compare working life needs and curricula/qualifications in partner countries
- to disseminate ECVET ideas and train VET providers and work placement instructors by using ECVET material and European tools
- to disseminate project results on web-page and during seminars, develop dissemination material (flyer, www-page, poster)



Expected project results



- Transnational network between VET providers, education and qualification stakeholders, public and private working life, professional associations, third sector and voluntaries
- Research report about working life needs in the elderly care sector of partner countries (done)
- Descriptions and comparing of Learning Outcomes
- The work related competence list for Elderly care worker
- The Basic elderly care UNIT
- ECVET training (training material) for work placement instructors
- Project web-page and dissemination material
- 6 transnational seminars





RESEARCH REPORT http://www.ecvetforec.eu/results.htm

The results were compared with foresight project of the Finnish National Board of Education. http://www.oph.fi/tietopalvelut/ennakointi/osaamistarpeiden ennakointi/sosiaaliala

The research was based on interviews of 60 employees from 6 different countries. In addition Italy made a more comprehensive work life study. Attitude is the most important quality in an employee.

Personal competence

Able to empathise Able to reflect and take care of oneself

Flexible Friendly Helpful Cheerful Happy at work Open to change Willing to learn

Respects the rules Physically strong and healthy Hard working Conscientious Thorough Reliable Trustworthy Honesty Self-dependent Patient Responsible Concentrate Tolerate stress Precision in carrying out the tasks Punctual Motivater

Social competence

Communication skills

Able to deal with conflict

Communicate with relatives and doctors

Teamwork skills and interdisciplinary collaboration
Able to bring people together
Helping with a social network
Appreciate of democracy
Aware of values

Specialist competence

Basic knowledge about diseases First aid course Some medical knowledge Acquire new knowledge

Holistic approach Psychological support Knows how to listen Knows "laws" that benefit the elderly Bills payment Structured working Knowledge of house-keeping Nutrition Providing meals Able to serve food Personal hygiene care

Language skills Managing the shopping budget of households Paperwork



LIST of competences of the future care worker Knowledge, skills and competence

| Learning outcomes | Knowledge, skills and competence |
|--|---|
| Communication and interpersonal skills | Communication interaction |
| Communication and interpersonal skins | Listening skills |
| | Challenging behaviour |
| | Effective communication |
| | Appropriate communication |
| | Interpersonal skills |
| | Professional appearance |
| | Ethical issues |
| | Transcultural issues |
| | Vocational communication and interaction skills |
| | Good customer service skills Good manner (both verbal and nonverbal) |
| Promote inclusion and participation | Establishing relationships with relatives |
| Promote inclusion and participation | Promotes participation |
| | Support in loneliness |
| Professional Responsibility | Recognises own limitations |
| | Responsibility |
| Professional Values | Supervised experience |
| Troressional Falaes | Problem solving skills |
| | Ethical issues |
| | Well motivated |
| | Follows development |
| | Compassionate care – holistic approach |
| | Ethical issues |
| | Respect to life experience |
| | Applies equality, Equality and Diversity – transcultural issues |
| | Lifelong Learning skills |
| Prevention of infection and maintenance of | Prevention, control infections Knows ergonomics |
| | Safe environment |
| a safe environment | |
| Awareness of common disease and pain | Understands common disease |
| restances of common discuss and pain | Pain awareness |
| | Coping with disease and death, transcultural issues |
| | Holistic approach Assists in personal care |
| Personal Care and Nutrition | Importance of skin care |
| | Carries out skin care |
| | Person oriented nutrition |
| | Food supply (Integration/ Atmosphere) |
| Activities of living | Cook with elderly |
| | Design of everyday life |
| | Care |
| | Occupation-Activity |
| | Structure of the day |
| | Housekeeping |
| | Room Design (cozy, barrier-free) |
| | Cleaning/ Laundry/ Shopping |
| Dobobilitation | Rehabilitory approach |
| Rehabilitation | Importance physical activity |
| ICT-Skills | Telephone and messages Communication by telephone, skype and messages |
| | Written communication: Keeps records, computer skills |
| | Social media skills |
| | Social friedd Skills |



Competence list

This list will be main tool for interviewing (new) staff or voluntaries in work placements and students in VET, recognise and transfer their knowledge, skills and competences.



We identified 6 possible topics:

- Promote Inclusion and Participation in Elderly Care Practices
- Awareness of Common Diseases and Pain
- Personal Care and Nutrition
- Rehabilitation
- Gerotechnology and ICT in the elderly care
- Service coordination and entrepreneurship
- (Cultural Unit)





Learning Outcomes for the new UNIT



Chosen Learning Outcomes (3) based on the research and competence list and are only one little part of them (recommendation EQF level 3):

Communication and interpersonal skills;

Relationships with families/carers/ significant others.

Barriers to communication and interpersonal relationships.

ICT.

Professional Values;

Professional Approach.

Equality and Diversity/transcultural issues.

Professional Accountability.

Recognition of limitation

Promote Inclusion and Participation;

Re-enablement.

Personal Care.

Activities of living.





UNIT Promote Inclusion and Participation in Elderly Care Practice

The purpose of this Unit is to enable individuals to develop the key principles, values and attitude which are central to high quality care practice

Holistic/ person-centred/ elderly care/ future prospect/ participation and inclusion/ communication

Learning Outcomes: Communication and interpersonal skills

- She/ He is able to use appropriate (to the context...) forms and methods of communication to establish a therapeutic relationship with the service user, families, carers and others (..)
- She/ He is able to share appropriate (to the context) information with health professionals, other team members and key stakeholder.

Learning Outcomes: Professional Values

- Applies ethical principles and values to ensure a person-centred approach
- reflects on the extent of own professional responsibilities

Learning Outcomes: Inclusion and Participation: the student will be able to

- Assess, plan and implement the care for the elderly, taking the client's abilities into account.
- Use his/her professional knowledge and skills in working with the elderly, their families and significant others to promote independence and person-centred care.
- Promote inclusion and participation by guiding and supporting the elderly in daily activities by adopting a rehabilitative approach.
- Apply risk assessment to maintain a safe environment, including safeguarding and recognition
 of abuse.

Assessment criteria

- The assessor can choose the suitable method according to assessment situation:
- Observation suitable for evaluation in workplace (enables to assess several criteria/learning outcomes at the same time in combination).
- Reflective dialogue/interview suitable in every assessment situation (simulates working situation, e.g. case analysis; allows to explain if needed).
- Self-analysis works well, if questions are put into an understandable language and are work-tasks based.
- <u>Self-evaluation</u> learner/worker evaluates oneself in 4-level scale (levels should be described).
- Grading
- In school/training: at least 4-level scale.

| Observation | Assessment | | Comment |
|---|------------|----------|---------|
| | Achieved | Not ach. | 1 |
| Motivates the resident to independence according to individual ability | | | |
| Displays activating behavior: Supports the residents, but is not taking the activities from her - activating care | | | 1 |
| Supports individuals with regard to the design of everyday life and everyday tasks in terms of independent living | | | 1 |
| Maintains the privacy of individuals by permission, respect and courtesy | | | 1 |
| Works according ergonomic principles Takes rules and regulations on work safety and hygiene into account | | |] |
| Takes responsibility for own work and estimates consequences Identifies needs and plans care using appropriate tools of | | |] |
| assessment (e.g. sheet for balance of fluids) Promotes needs and preferences of the residents | | | - |
| Recognizes abuse and reports accordingly | | | 7 |
| Uses appropriate forms of communication and methods in relation to a variety of situations including finding solutions to overcome communication barriers | | | |
| Prepare information for stakeholders and pass these on | | | 7 |
| Use communication channels in order to deal with conflict and challenging behavior | | | 1 |
| Meets all stakeholders equivalently | | | 7 |
| Respect the life experiences, preferences and choices of individuals | | | 1 |
| Takes (demonstrate willingness to accept) responsibility for own actions and observes the own limits | | | 1 |
| Applies professional standards (Note: scale varies depending on the use of the assessment sheet) | | | |
| Shows willingness to learn | | | 7 |
| Met the stakeholders with dignity and respect and safeguard the privacy | | | |
| Holds a legal and ethical boundaries within their profession | | |] |
| Note the effects of their behavior, their own values and principles to the stakeholders/ on the individual care (Note: topic should be deepened in reflective dialogue) | | | |

How we can implement the outcomes?

The sector located between the social and the social and health care in partner countries (ESCO: 'nursing assistant' or 'home care assistant'). The education in social and health care sector, especially elderly care worker, is very differently organized in each partner country.

Target group: students and workers on the elderly care sector.

 WHAT: assistant and support, activating and motivating work (not nursing), helping people who have difficulties with their daily activities and who are lonely.

 To WHOM: these people who live alone at home, in day activity centres, service home or centre, home care, dementia unit.





Summary

- Background analysis and interviews to build the bridge between the project goals and labour market needs
- Anticipate Skills Needs: what will happen in the future
 - increasing need for qualified staff, new skills and competences needed
 - new and different kind of services for elderly people
 - activating voluntaries, families and significant others
 - innovation in active and independent living: prevention
- The basic UNIT (recommendation EQF level 3/4), will work as A PART OF (different) national QUALIFICATIONS. This will be first step on the flexible study pathway.
- Students/workers can complete the UNIT, acquire the LO both in college and/or in companies.







Thank you, EFEC-team

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