



EFEC - ECVET for Elderly Care

EFEC

ECVET in Elderly Care

Promote Inclusion and Participation in Elderly Care Practice

Unit and Assessment Sheets as Part of a
Qualification for all Professions in Elderly Care

Results of a European Project



ambulante PFLEGE
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This project has been funded with support from the European Commission. This publication reflects the view only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

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The situation in the field of care and support for older people in Europe

The Pilot project ECVET for Elderly Care (EFEC) came to terms with the following challenges:

- ageing of population and increasing longevity,
- changes in family and residence patterns,
- inadequate long-term care,
- shortage and low quality of labour force in the health care sector,
- large number of immigrant workers and more international clients in the care sector.

Against the background of the aging population in Europe a large shortage of skilled workers in the area of care, support and supply of services for the elderly is emerging. Locations for these professionals are inpatient and outpatient geriatric care facilities and service companies with operational work in private households (ambulant care).

In search of workers in particular two groups of persons come to mind: women following a longer family phase and/ or with migrant background.

Many immigrants come to Europe without a completed vocational training. Furthermore, the recognition of their prior learning or training, with diploma and qualifications acquired in their origin countries, meet still a lot of difficulties. Nevertheless, many migrants are characterized by a high degree of personal competences, acquired through informal and non-formal learning, which predestines them for working in the care sector.

What can managers from vocational education and business do in order to pave the way for future acquisition of staff and skills? Against the background sketched above, the idea of developing a training module (unit) that promotes and assesses the "right" professional attitude of employees of all professions in the elderly care context emerged.

What is the objective of the Unit?

The unit of learning outcomes described below has been developed by the European partnership through a working-places based survey with the aim to clarify which values and attitudes are central to effective care for older people.

The unit is based on the concept of a holistic person-centred care. It is divided into the following topics:

- **Participation and Inclusion,**
- **Communication and Interpersonal Skills and**
- **Professional Values.**

Which target group is to be addressed ?

The target group are people who want to work in elderly care or are already working. They learn about all the basic competences (knowledge, skills and competences (personal and social skills)) that are expected of them. These people should seek a qualification at least at the level of the EQF 3 (European Qualification Framework). Nevertheless, these skills are also expected of professionals on the levels EQF-Levels 4 to 6.

How can the unit be used?

In developing the unit particular value was placed on a flexible and versatile use. Thus, the unit can either be a part of a vocational training, of an introductory course or of some other form of training. The unit may also be important for the instructor at the premises as a curricular basis for interns, for the training of new staff and of unskilled or semi-skilled employees.

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At the same time the unit may serve as a tool for learners to focus, to control their own learning progress and to self-assess.

How can the assessment form be used?

For the observation sheet a maximum of flexibility was considered. It can be used as well as a means to achieve transparency, to monitor or to evaluate or assess during training. It is also conceivable to use in the context of competitions for new employees or for probationary review periods.

See also the Guide to the observation sheet (page 7).

Who wrote the Unit and Assessment?

The experts involved in the development and testing were from companies for elderly care as well as provider for vocational educational training in health and social sciences and authorities for education in six European countries, who have worked in the EFEC project.

How was worked methodically?

Step 1: Analysis of the needs of the labour market in the care sector, standardized surveys in all six countries were performed in elderly care facilities and training institutions. A total of 60 interviews with experts were conducted.

Step 2: Creating of a competence profile using a list of competencies based on the survey results. This list contains the basic skills expected of semi-skilled and skilled employees with various skills in the field of geriatric care. Clustering of competencies to 10 areas.

Step 3: After detailed discussion, the project team decided to concentrate on the core of care work- the underlying ethical concepts- and the cluster of competencies in three areas (participation and inclusion, communication and professional values) have been combined into one unit. The goal was to develop a unit as base or basic education in the elderly care sector.

Step 4: For each cluster learning outcomes were formulated. The required level corresponds mainly to the level 3 of the EQF, but may also be used for professions on level 4 to 6.

Step 5: To test and validate the unit as well as the assessment a setting for evaluation was developed consisting of an observation sheet and recommendations / instructions for reflective dialogues. These assessment tools have been tested in the companies and in institutions of training involved in the project.

Why EFEC ?

The Europe 2020 Strategy has set an ambitious target of a 75% employment rate to be achieved by 2020. The aim is a smart, sustainable and inclusive economy for Europe. These priorities must reach the EU and the Member States to support a high level of employment, productivity and social cohesion. In this context, the Bruges Communiqué calls for vocational and educational training (VET) to better respond to labour market needs. This requires improved understanding of emerging and evolving sectors and their skills needed as well as better mechanisms to translate this understanding into corresponding training provision.

ECVET for Elderly Care (EFEC) is one of the transnational partnerships called Sector Skills Alliances (SSA) to improve comparability, transparency and mutual recognition of qualifications in the six partner countries (Estonia, Finland, Germany, Italy, Lithuania and United Kingdom) and implement ECVET principles in the elderly care work. It lasted two years from January 2013 to December 2014.



Promote Inclusion and Participation in Elderly Care Practice

<u>Participation and Inclusion</u>	Learning Outcomes		
	<p>The learner is able to:</p> <ul style="list-style-type: none"> • 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. 		
	Knowledge	Skills	Competences
<p>The learner knows and understands;</p> <ul style="list-style-type: none"> • person centred care. • the concepts of participation, advocacy and empowerment. • physical and psychosocial changes of aging. • significance and main principles of: nutrition; personal hygiene; aesthetics in the environments; mobility. • the process of assessing needs and planning care. • how to maintain a safe working environment. • safeguarding and recognition of abuse. 	<p>The learner is able to;</p> <ul style="list-style-type: none"> • apply the principles of person centred care. • encourage participation, self-determination with the individual. • promote advocacy. • promote mobility, personal care, activities of living and social interactions with individuals. • use assessment tools to determine needs and plan care. • create and maintain a safe care environment. • recognise abuse and reports accordingly. 	<p>The learner is competent in</p> <ul style="list-style-type: none"> • promoting the social inclusion of individuals through encouraging participation and inclusion. • promoting safeguarding and how to assure the safety of individuals in your care. • implementing the process of risk assessment. • supporting individuals in their daily living. • using assessment tools appropriately. • applying moving and positioning techniques, infection prevention strategies. 	



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<u>Communi- cation and Interpersonal Skills</u>	Learning Outcomes		
	The learner is able to; <ul style="list-style-type: none"> • use appropriate forms and methods of communication to establish a therapeutic relationship with the service user, family, carer and others • share appropriate information with health professionals, other team members and key stakeholders. 		
	Knowledge	Skills	Competences
	The learner knows and understands; <ul style="list-style-type: none"> • the different forms of communication (verbal (incl. paralinguage), non-verbal, body language) • common barriers to communication (language, disease, aging, environment) • the value of observation. • triggers to challenging behaviour. • legislation relating to data protection. • customer service and information processing. 	The learner is able to <ul style="list-style-type: none"> • use appropriate communication to establish a therapeutic relationship with the service user, family, carer and others. • develop favourable conditions for finding solutions to overcome real or potential barriers to communication. • use effective observation skills to promote recovery and independence. • apply appropriate legislation • organise information to be reported to team members and different agencies. 	The learner is competent in <ul style="list-style-type: none"> • applying different forms and methods of communication in response to varying situations. • providing support to individuals to develop their communication skills • using different forms of communication to promote independence and recovery. • sharing appropriate information with health professionals, other team members and key stakeholders. • using communication channels to deal with conflict and challenging behaviour.



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<u>Professional Values</u>	Learning outcomes		
	The learner is able to; <ul style="list-style-type: none"> • Apply ethical principles and values to ensure a person-centred approach • reflect on the extent of own professional responsibilities 		
	Knowledge	Skills	Competences
	The learner knows and understands; <ul style="list-style-type: none"> • the equality and diversity • ethical issues in care of the elderly • the values that underpin quality care provision • the effect that prejudice, stereotyping and discrimination have on the individual • the importance of trust and confidentiality • professional accountability and limitation of practice 	The learner is able to; <ul style="list-style-type: none"> • apply all aspects of equality and diversity • respect the individual, their life experience, preferences and choices • demonstrate a willingness to accept responsibility for their actions, professional standards and continuing development • apply the values that underpin quality care; dignity, respect, choice, privacy, confidentiality • work within ethical parameters 	The learner is competent in <ul style="list-style-type: none"> • promoting the rights and diversity of individuals • making and maintaining professional boundaries • following the principles of quality and sustainable professional development and lifelong learning • practising within the legal and ethical boundaries of their profession • identifying own values and principles and the affect that these may have on the individual in care

Guidelines for Assessment Methods

Please choose the method that suits the exam situation in your own context best.

Observation

The observation form is suitable for evaluation/ assessment of a person in a work process. In this case, all or a selection of criteria can be used for the review.

Reflective dialogue/interview

This method is suitable in every assessment situation (simulates working situation, e.g. case analysis; allows explanation if needed).

Self-analysis

It should be noted that the material was written in technical language of the auditor. To guide students the material should be put into an understandable language and be based on actual work-tasks.

Self-evaluation –

Staff and students reflect on and evaluate their own work and their learning process itself. This self-assessment, for example, works as an assessment interview with superiors or audit precede .

Grading/ rating scale

In different settings the measurement can be adapted:

- Non-distinctive form: e.g. while assessing in work process it is often sufficient to determine whether the criterion was achieved or not achieved.
- Distinctive form: If in the course of inspections also notes must be issued, the scale may be adjusted accordingly to a distinctive form.



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Name: _____

Date of Observation: _____

Assessment Sheet

Company/ College: _____

Observation	Assessment		Comments
	Achieved ¹	Not ach.	
Motivates the resident to independence according to individual ability			
Displays activating behaviour: Supports the residents, but is not taking the activities from her - activating care			
Supports individuals with regard to the design of everyday life and everyday tasks in terms of independent living			
Maintains the privacy of individuals by permission, respect and courtesy			
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			
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			
Use communication channels in order to deal with conflict and challenging behaviour			
Meets all stakeholders equivalently			
Respect the life experiences, preferences and choices of individuals			
Takes (demonstrate willingness to accept) responsibility for own actions and observes the own limits			
Applies professional standards (Note: scale varies depending on the use of the assessment sheet)			
Shows willingness to learn			
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 behaviour, their own values and principles to the stakeholders/ on the individual care (Note: topic should be deepened in reflective dialogue)			

¹ Nondistinctive (achieved/ not achieved) or distinctive (achieved on various levels) from according to national guidelines.

Reflective Account

Give examples how you did apply the following topics in your work:

The learner knows and understands:

Participation and Inclusion

- person centred care.
- the concepts of participation, advocacy and empowerment.
- physical and psychosocial changes of aging.
- significance and main principles of: nutrition; personal hygiene; aesthetics in the environments; mobility.
- the process of assessing needs and planning care.
- how to maintain a safe working environment.
- safeguarding and recognition of abuse.

Communication and Interpersonal Skills

- The different forms of communication (verbal (inc paralanguage), non verbal, body language)
- Common barriers to communication (language, disease, aging, environment)
- The value of observation.
- Triggers to challenging behaviour.
- Legislation relating to data protection.
- Customer service and information processing.

Professional Values

- the equality and diversity
- ethical issues in care of the elderly
- the values that underpin quality care provision
- the effect that prejudice, stereotyping and discrimination have on the individual
- the importance of trust and confidentiality
- professional accountability and limitation of practice

Further Ideas for a Reflective Dialogue

Professional Values

1. Applies ethical principles and values to ensure a person-centred approach.
 - a) What kind of ethical challenges you met and how did you manage to solve them?
 - b) How did you manage with rehabilitative approach or how the rehabilitative work was shown itself in your work?
2. Reflects on the extent of own professional responsibilities
 - a) What kind of situations/tasks you were responsible of in your daily work?
 - b) What kind of decisions you responded yourself or was able to do yourself?
 - c) Did you understand what kind of things the client can / is able to decide her/himself and when you have to decide for the client?
3. Additive questions that arise from the work place and tasks

Participation and Inclusion

- A) Mrs K wants no longer to eat in the common dining room. She is ashamed, because she makes a mess while eating.
What do you do?
How do you explain your approach to the families?
- B) You work in a retirement home.
Mr. M. does not want to pick out his clothes for the day and wants to keep his pajamas on.
How do you deal with this situation?
The resident stays in pajamas all day. What reasons are there to leave Mr. M. in his pajamas?
How do you explain the clothing to your colleagues / superiors?]
- C) Mrs. O. refuses to participate in an activity.
Name two ways to motivate the resident. Justify your proposals.
Despite your best efforts Mrs. O does not want to participate. How do you deal with it?
Give reasons for your action.

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)

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EFEC is one of four pilot projects funded by the EU with the aim to improve the comparability, transparency and mutual recognition of qualifications between international partners and to stabilize. For this purpose the principles of the European Credit System for Vocational Education and Training ECVET should be implemented in the partner countries. The jointly edited sector is the field of work "Elderly Care", involved partner countries were Estonia, Finland, Germany, Italy, Lithuania and the UK. Duration of the project was the period from January 2013 to December 2014.

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Bremen, December 2014