Lifelong Learning Programme

REGIONE AUTONOMA FRIULI VENEZIA GIULIA

REGIONE AUTÒNOMA DE SARDIGNA
REGIONE AUTONOMA DELLA SARDEGNA

IQEA evolution

Ideas, experiences and tools to: recognise acquired skills, facilitate professional growth, support professional mobility, improve quality of care for older persons

www.iqea.eu

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CHAPTER 1

THE CONTEXT

AGEING SOCIETY AND CARE SERVICES IN EUROPE

In the coming decades, the size and age-structure of Europe's population will undergo dramatic changes due to low fertility rates, continuous increases in life expectancy and the retirement of baby-boom generation.[1]

Since a large majority of care services is provided to older persons, supply and demand of long term care are largely determined by the demographic balance between the elderly and the working age group (so-called "dependency ratio"). According to Eurostat, by 2020 there will be only three people per person aged over 65 in Europe and the number will decrease to two persons in 2045 (a proportion that will be reached in Germany and Italy a decade earlier).

It should be said in fact that demographic change happens at a different pace in each country. The highest process takes place in Poland and Romania: dependency ratios in both countries are expected to increase about 150% in the next 40 years.
Also, it is expected that by 2040 those aged 80+ will constitute a share of the total population more than double of the current one. [2]

An older population often means a population with increased care needs. According to an estimation made by DG ECFIN, approximately 17% of men and 23% of women aged 65 and over experience physical limitations.
An ageing population will therefore be a strong upward impact on public spending for long term care. The proportion of GDP

1 *The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers, DG ECFIN, Special Report 1/2006*

2 *Services for older people in Europe, ESN, October 2008*

spent on long-term care is projected to more than double between 2000 and 2050 in each country. [3]

Although, consequently, demand for care workers and staff shortages are expected to grow, research shows that the sector often offers poor working conditions and remuneration compared to sectors requiring equivalent levels of skills and training. This has already led to significant mobility of workers within and outside the EU, and could serve to exacerbate skills shortages in the future[4]. Moreover, undeclared jobs are still a significant percentage in this sector.

THE MOBILITY OF CARE WORKERS: WHY WE NEED TRANSPARENCY OF QUALIFICATIONS

According to Action for Global Health, globally, an extra 4.3 million health workers are needed to make essential health care accessible to all. Whether wealthy or poor, most countries in the world are facing increasing demands on their health systems and yet offer unattractive working conditions to health and care professionals. As a result, British midwives travel to Australia, Zimbabwean doctors transfer to South Africa, Senegalese nurses relocate to France and German doctors migrate to Switzerland: mobility of care professionals is therefore a reality worldwide.

Across Europe, the legal background encourages mobility of workers: indeed, free movement of persons is one of the fundamental freedoms guaranteed by Community law and rights of EU citizens to work in another Member State as an employee or civil servant. or to work as a self-employed person in another Member State are also guaranteed.
As a consequence, mobility of workers is frequent, and especially in a sector as healthcare, where a lot of MS are registering shortages.
Focusing on the countries involved in IQEA project, Italy, Roma-

3 Comas-Herrera A., Wittenberg R., European Study of Long-Term Care Expenditure, PSSRU Discussion Paper 1840ù

4 Employment and industrial relations in the health care sector, European Foundation for the Improvement of Living and Working Conditions

nia and Poland, the inter-links are relevant: in 2011 Italy registered a lack of 50.000 nurses. Among registered nurses, more than 10% currently are foreign trained and, specifically, in Friuli Venezia Giula Region the percentage reaches the 16% (as reported in 2010 by the "Federazione Italiana Collegi Infermieri"). This percentage increased of the 25% from 2007 to 2010. In 2010 figures showed that 43,9% of newly registered nurses came from Romania and only 3,8% from Poland (they used to be the 16% in 2006).

On the other hand Romania is also facing a shortage of healthcare professionals (especially in rural areas), that could lead to necessity of "import" of health workforce. Very pronounced is the need of nurses and caregivers. If the pace of emigration stays the same after 3 to 5 years the system will feel acute shortage of physicians as well. Nursing in Poland has also been under pressure following an exodus of medical staff to western countries since the country joined the European Union. Attracted by higher salaries, thousands of nurses have left Poland to work abroad over the past 6 years, according to data from local nursing organisations. This has led to a shortfall in nursing staff back home which nurses have warned is affecting provision of patient care.

It's therefore likely that National Governments will intervene and that we will sooner or later assist to a return migration flow, from Western countries back to Romania, Poland and other Eastern EU countries.

The care sector is not only made of nurses, though.
Unfortunately there is a lack of data concerning foreign born assistant nurses / qualified care workers in hospitals and care facilities working in Italy, but they are supposed to be a relevant group. As far as domestic workers are concerned, in Italy the large majority comes from abroad. In 2010 over 870.000 regularly employed domestic care workers in Italy – 700.000 were foreign born. Among them, 150.000 are Romanians – ranking 1st among the represented nationalities – and about 70.000 Polish.

Registered nurses can benefit of the European Directive 2005/36/EC for the recognition of professional qualifications in view of establishment in another Member State. In Italy the procedure is rather straightforward and does not require additional training except for an exam on Italian language and Italian regulations concerning nurses.

But what about other kind of health and social care workers? Foreign trained care workers and nurses whose qualifications have not been recognized but who are willing to work as professional care workers can – in some Italian regions – obtain a "discount" on the 1000 hours of training they have to follow to get the "OSS" qualification (needed to work both in the social and health care services, residential or semi-residential facilities, in hospitals ot at patient's home). This happens still in a random way at national level.

It is up to the Regions in the context of their educational system to quantify the training credit to be given providing compensatory measures in cases where former training is insufficient regarding the health or the social subjects compared to what was planned in the curricula related to healthcare worker qualification.

The recognition of qualifications in order to work as domestic care worker is not regulated – therefore it is left up to the employer. Nevertheless, some kind of training in the care field is more and more requested by private and public placement services – it can therefore affect significantly the employment opportunities.

On the other hand, it is certainly true that during mobility periods, these workers have acquired several skills that should be considered a patrimony which should be valued, among the rest for the social interest to improve the quality of care of older and vulnerable persons.

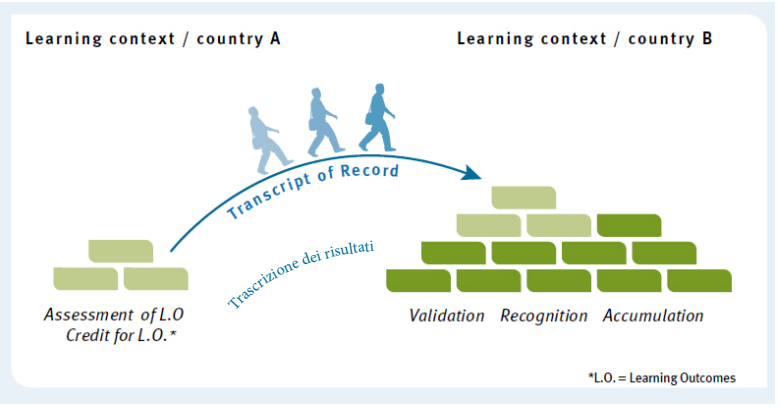
In conclusion: the mobility of care workers from Romania and Po-

land to Italy and vice versa is a fact but the lack of straightforward procedures for the mutual recognition of qualifications acquired in the different countries is an important obstacle to a qualified employment in the country of destination.
ECVET is a tool that can contribute to an effective solution of this problem.

CHAPTER 2

ECVET: THE EUROPEAN RESPONSE TO THE NEED OF RECOGNIZING SKILLS IN MOBILITY [1]

The European Credit System for Vocational Education and Training (ECVET) is a European instrument to support lifelong learning, the mobility of European learners and the flexibility of learning pathways to achieve qualifications. Following its adoption by the European Parliament and by the Council (18 June 2009)1, ECVET is now in a phase of progressive implementation. ECVET's purpose is to enable recognition of learners' achievements during periods of mobility by creating a structure, bringing a common language, and stimulating exchanges and mutual trust among VET providers and competent institutions across Europe. In the context of international mobility but also mobility within countries, ECVET aims to support recognition of learning outcomes (wherever acquired, in formal or informal contexts) without extending learners' education and training pathways.



The ECVET process – taken from http://www.ecvet-team.eu/sites/default/files/ecvet_leaflet_en.pdf

ECVET is based on some key concepts and processes that have been applied in the IQEA project. Let's see them briefly:

1 This chapter is based on the EACEA document "Get to know ECVET better - Questions and Answers" http://www.ecvet-projects.eu/Documents/ECVET_QnA_Web_21_04_2010.pdf

Learning outcomes - Learning outcomes are statements of what a learner knows, understands and is able to do on completion of a learning process. Learning outcomes may be acquired through a variety of learning pathways, modes of delivery (school-based, in-company, etc.), in different learning contexts (formal, non-formal and informal) or settings (i.e. country, education and training system…). There are different approaches to identifying and describing learning outcomes depending on the qualifications system. The European definition of learning outcomes, which uses the terms of knowledge, skills and competence (see the EQF Recommendation), is the common denominator that fits with the diversity of existing approaches to describing learning outcomes. It is useful to complete learning outcomes with competencies indicators, observable and measurable, aiming to represent the possession of that specific learning outcome.

Units: A unit is a component of a qualification, consisting of a coherent set of knowledge, skills and competence that can be assessed and validated. 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. The objective of ECVET is to facilitate the transfer, recognition and accumulation of assessed learning outcomes of individuals who are aiming to achieve a qualification. This is possible because each unit is documented and the learning outcomes it contains are assessed, and validated. Hence learners can: (1) Progressively (unit-by-unit or set of units by set of units) accumulate learning outcomes in view of achieving a qualification; (2) Obtain recognition for their learning outcomes achieved in other contexts without new assessment (i.e. units can be transferred because the learner can provide the receiving institution with evidence that s/he has been successfully assessed and has achieved the concerned learning outcomes).

ECVET points: they are 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. Together with units, descriptions of learning outcomes and information about the level of qualifications, ECVET points can support the understanding of a qualification. The number of ECVET points allocated to a qualification, together with other specifications, can indicate for example, that the scope of the qualification is narrow or broad. The number of ECVET points allocated to a unit provides the learner with information concerning the relative weight of what s/he has accumulated already. It also provides the learner with information concerning what remains to be achieved.

- MoU - MEMORANDUM OF UDERSTANDING: is an agreement between competent institutions which sets the framework for credit transfer. It formalises the ECVET partnership by stating the mutual acceptance of the status and procedures of competent institutions involved. It also establishes partnership's procedures for cooperation. In the framework of the MoU we normally talk about an "home institution" and a "hosting institution" The home institution validates the learning outcomes assessed by the hosting in¬stitution. In this process the home institution uses a learner's transcript of record to verify that the learning outcomes defined for the mobility period have indeed been positively assessed in the hosting institution.

- EQF EUROPEAN QUALIFICATION FRAMEWORK: acts as a translation device to make national qualifications more readable across Europe. The EQF aims to relate different countries' national qualifications systems to a common European reference framework. The core of the EQF concerns eight reference levels describing what a learner knows, understands and is able to do – 'learning outcomes'. Levels of national qualifications will be placed at one of the central reference levels, ranging from basic (Level 1) to advanced (Level 8). In a transnational perspective (and this is the case of IQEA), it is possible that qualifications preparing for the same profession will be described through different EQF levels. It is possible to organise credit transfer for units that are part of qualifications described through different EQF levels, provided that the activities and tasks for which the unit prepares are comparable (and hence also the learning outcomes).

In the framework of IQEA it is finally important to mention that ECVET facilitates the development of flexible and individualised pathways and also the recognition of those learning outcomes which are acquired through non-formal and informal learning.

For applying ECVET to learning outcomes achieved in a non-formal and informal learning context or outside the framework of a MoU, the competent institution which is empowered to award qualifications or units or to give credit should establish procedures and mechanisms for the identification, validation and recognition of these learning outcomes through the award of the corresponding units. During the testing of the project in Sardinia, as an example, the assessment tests were also tested with people with professional experience but no formal qualifications in the

care sector with the aim of assessing the applicability and, finally, be able to consider such tests as evidence within a process of assessment of informal skills.

CHAPTER 3

THE IQEA PROJECT

AIMS AND OBJECTIVES

IQEA is a Lifelong Learning Programme / Leonardo Da Vinci / Development of innovation project, co-funded by the European Union. The project lasted an overall of 36 months, from October 2010 to October 2013.

The IQEA (Improving Qualifications for Elderly Assistants) project was planned and implemented in the framework of the above mentioned context.

General aim of IQEA was to develop an ECVET agreement involving three countries with high rate of exchange of human resources in the care sector (Italy, Romania and Poland) and focused on the most common professional profiles employed in taking care of older persons. IQEA intended to focus both on formally and informally / non formally acquired learning outcomes.

The objectives of the project were:

- 1) Valorizing care professionals in mobility, making formal and informal learning visible within a transparent system and improving working conditions and career opportunities;
- 2) Ensuring care quality based on skilled human resources, able to answer to users' needs;
- 3) Guaranteeing effective care services to communities, families and older people.

PARTNERSHIP

Institutional partners are Friuli Venezia Giulia Region and Sardinia Region.
The Regional level was chosen as, in Italy, Regions have the responsibility for vocational traing and VET qualifications. These

two Regions, in particular, have been considered particularly suitable for the testing of this kind of project because:

- 1) They have developed social and health services based on the integration between nursing homes and home care services,
- 2) They have implemented an ad hoc law in order to regulate the family care policies and their related vocational profiles
- 3) They have set up educational and vocational qualification systems within the family care sector

We then had operational partners responsible for the technical implementation at local / national level. Namely, the VET Agencies / Consulting companies: Exfor (also project applicant) for Sardinia, Kairos for Friuli Venezia Giulia, Habilitas for Romania and Transfer for Poland.
The partnership was completed by the scientific coordinator, the NGO Anziani e non solo and a supervisor / ECVET expert, the German institut IAT.

WORK PACKAGES

The project consisted of six work packages. Three of them (management, monitoring / evaluation and dissemination) where transversal to the whole project, lasting for all its duration.
The WP implementation included all the activities that we will describe in the following chapter, while the last stage of the project was focused on WP6 / Exploitation, with the aim to make IQEA's results usable by a wider audience. This booklet is indeed a result of WP6.

CHAPTER 4

DEVELOPMENT STAGES

We will now report in synthesis the outcomes of the different implementation phases. Full reports can be downloaded from the website www.iqea.eu

4.1. PROFESSIONAL PROFILES

The first step was the identification of the professional profiles object of ECVET transfer: job profiles have been collected and compared, in order to define which could have been suitable for the purposes of the project.

At the end of this step, 7 profiles have been identified:

- 1. **Health care assistant** - *(Romania):* The persons qualified in this occupation execute care activities and contribute in maintaining an optimal environment for the patient's physical and psychological status in hospitals or in social and socio-medical institutions. They ensure the hygiene and the adequate life environment for the assisted person, accompanying the patients in accomplishing daily activities. They also ensure the hydration and the adequate feeding process of the beneficiaries. The health care assistants stimulate the beneficiaries to take part to daily activities and they contribute to the improvement of health and regain of autonomy. They also help in the medication administration for the assisted persons. They are responsible for the transportation and accompaniment of the beneficiaries, respecting the rights and the confidentiality regarding the evolution of the beneficiary's health status.

  International Qualification Level: EQF and/or ISCED It could be classified at level 3 (EQF). It is not classified in EQF/ISCED at national level.

- 2. **Home caregiver** - *(Romania):* The qualified home caregivers provide personal care services in the homes of dependent older persons that cannot take care of themselves. They help or substitute the assisted person in accomplishing everyday basic activities (like ensuring the hygiene of the house and objects, and the personal hygiene - toileting; meals preparation – cooking and administration; shopping; administrative tasks – paying bills). They also take part in the medical care of the elderly (medication

administration according to medical prescriptions, assisting the medical staff in delivering therapeutic procedures, monitoring the health status of the assisted person). Manage the material and financial resources and establish the daily programme in order to fulfil the elderly needs. Can provide psychological comfort for the beneficiary, accordingly to the person's individual characteristics, through relational activities (communication, leisure activities).

International Qualification Level: EQF and/or ISCED : It could be classified at level 3 (EQF). It is not classified in EQF/ISCED at national level.

3. Care assistant in social welfare house - *(Poland):* Care Assistant in a social welfare house exercise ancillary nursing care for the elderly, unable to work and life, chronically ill or affected by disability. Perform procedures for maintaining hygiene charges (cleaning, changing linen, etc.) and basic treatments (feeding, handling, transportation, etc.). Supervises the condition of the patient, day and night (to control the patient's basic vital signs: temperature, pressure, pulse). Participates in performing nursing procedures and treatment, apply anti-inflammatory treatments and surfaces (lubrication, massage, exercises). Participates in conducting rehabilitation (exercises, massage and other treatments as instructed by the physiotherapist or doctor). Performs clean up work. Under the supervision of a doctor shall provide first aid in emergencies.

International Qualification Level: EQF and/or ISCED : ISCED 4.

4. Care assistant for elderly people - *(Poland):* his/her tasks include: 1. Planning a comprehensive aid and care for elderly person 2. Providing assistance in solving social and personal problems of elderly person 3. Providing assistance in running the household 4. Performing personal hygiene and care activities 5. Encouraging activity and fitness of elderly person 6. Assisting an older person in the use of medical and social services 7. Interacting with family, local community and the professionals involved in the care of an older person 8. Assisting an older person in establishing and maintaining social contacts 9. Supporting older people to develop their creative abilities, and organizing various leisure activities.

International Qualification Level: EQF and/or ISCED: ISCED 4

5. Health care operator O.S.S. - *(Italy):* The healthcare workers O.S.S. carry out their tasks both in the social and in the healthcare areas, within social welfare and social health services, residential or semi-residential nursing homes, in hospitals and at patient's home through interventions targeted to meet the needs of the person and to promote the well-being and autonomy of the user. The activities of the healthcare worker are addressed to the patient and his/her living environment and are qualified for direct assistance

and domestic support; sanitation and social interventions; management support, organizational and training. They work in collaboration with other professionals of the healthcare area, according to the criterion of multi-professional working. (Agreement between the State, Regions and Autonomous Provinces of Trento and Bolzano, 22 February 2001).

International Qualification Level: EQF and/or ISCED: EQF level 3

6. Family Carer - *(Sardinia Region – Italy):* the Family Carer supports in daily life activities a frail elderly persons, temporary or permanently lacking of autonomy. The FC support or replace the user in personal hygiene, housekeeping, grocery shopping, preparation of meals and feeding, bureaucratic procedures and company.

International Qualification Level: EQF and/or ISCED: EQF level 3

7. Minimal competences for assistance - *(Friuli Venezia Giulia Region - Italy):* note that this is not a professional profile but a training programme. This training programme aims to offer a starting step towards the qualification as OSS (see above) for people working – or willing to work – in home care and residential care services for vulnerable people. The programme, in fact, allow users to obtain credits for the OSS diploma. At the same time, it can be used as a training for those jobs in the care field not requiring a formal qualification, such as the family assistant. The training areas are the following: (1) Social – cultural – regulatory area, (2) Psycho-social area, (3) Health, hygiene, technical procedure area.

4.2. ANALYSIS OF TASKS

As a second step, we carried on a detailed analysis of the tasks performed by the identified professionals, in order to make sure that the responsibilities and activities performed were actually similar (or different).

Generally speaking, at the end of this stage – even if we differences and similarities among the specific tasks - we confirmed that the profiles we wanted to work on where those mentioned in 4.1. Also, we managed to identify two main groups of professions: those foreseeing the provision of basic health care activities (under supervision of more qualified health care professionals) and those focusing on personal care only.

NAME	COUNTRY	TRAINING HOURS	WORK ENVIRONMENT
HEALTH CARE ASSISTANT	*Romania*	150	Nursing homes and other facilities
CARE ASSISTANT IN SOCIAL WELFARE HOUSES	*Poland*	700	Nursing homes and other facilities
HEALTH CARE OPERATOR (O.S.S.)	*Italy*	1000	Home services but mainly in nursing homes and other insitutions
CARE ASSISTANT FOR ELDERLY PERSON	*Poland*	700	Nursing homes and other institutions but mainly at patient's home
MINIMAL COMPETENCES FOR ASSISTANCE	*Friuli Venezia Giulia Region - Italy*	200	Patient's home as well as nursing homes and other institutions
Family carer	*Sardegna Region - Italy*	200	Patient's home
Home caregiver	*Romania*	360	Patient's home

Table 1 - Comparison of tasks

4.3. COMPARISON OF TRAINING CURRICULA

After an agreement on professional profiles, the next step was the in-depth analysis of the training curricula connected with them. We compared the training courses currently offered in the three countries in terms of hours of training, learning units, relevance of internship on the whole curriculum. We collected one reference curriculum for each professional profile, for an overall of 7 CVs. The picture showed a large variety of duration as well as structure of courses, even though we identified a group of learning areas common to all CVs:

- Personal hygiene
- Nutrition and feeding
- Mobilization
- Management and hygiene of living environments
- First aid
- Communication
- Professional ethic
- Work health and safety

4.4. COMPARISON OF LEARNING OUTCOMES

A further step was the comparison of the learning outcomes on which each training curriculum was based. This step has been the most time-consuming but, on the other hand, we consider it essential in order to make sure that the issues thought were really comparable in terms of contents as well as in terms of level of deepening.
Not all the profiles where described in terms of learning outcomes and this was another challenge. As far as Italy was concerned, for example, partners developed a draft of description in LOs which was validated/integrated during focus groups organized with experts and trainers in Friuli Venezia Giulia and Sardinia Region.

4.5. ANALYSIS OF TRAINING STANDARDS

As a final step, we submitted to all the involved organizations a questionnaire aimed to collect information about their training process: requirements to access the courses, characteristics of teachers, assessment tools in use etc. The questionnaire was partially based on EQARF [1] indicators, in order to use a common European reference framework.

The involved agencies had shown a lot of similarities, concerning the way training is provided, the candidates selected and the competence assessed and this was an important contribute to building mutual trust among them.

Moreover, the partnership agreed that every training provider interested in joining the IQEA agreement should make a self-assessment according to some of the EQARF indicators, and specifically:

- 1) Completion rate in VET programmes: Number of successfully

1 http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32009H0708%2801%29:EN:NOT

completed/abandoned VET programmes, according to the type of programme and the individual criteria;

↘ 2) Prevalence of vulnerable groups: a) percentage of participants in VET classified as disadvantaged groups (in a defined region or catchments area) according to age and gender; b) success rate of disadvantaged groups according to age and gender;

↘ 3) Utilization of acquired skills at the workplace: a) information on occupation obtained by individuals after completion of training, according to type of training and individual criteria; b) satisfaction rate of individuals and employers with acquired skills/competences.

Number 5 was the last step of the research phase. At this stage, we had all the information we needed to figure out how to implement the ECVET agreement.

CHAPTER 5

THE ECVET AGREEMENT

Recapitulating, according to the principles of ECVET, IQEA intends to facilitate the validation, recognition and accumulation of work-related skills and knowledge acquired during a stay in another country or in mobility or in informal contexts. It should ensure that these experiences contribute to vocational qualifications.
Specifically, IQEA intends to contribute to the transparency of the professional profiles and qualifications object of the project with the aim to allow mutual recognition, on a voluntary base, by training agency from Italy (Sardinia and Friuli Venezia Giulia Regions), Romania and Poland, of credits (ECVET points) to people trained in any of the countries / region involved.
Finally, IQEA also aims to support professional mobility from lower to higher qualifications, thus supporting the personal and professional development of persons involved in the process.
In order to reach these aims through an ECVET agreement, it soon became clear to the partnership that the way was to focus on similarities rather than on differences.

5.1. THE IQEA CURRICULUM

To this purpose, the partners agreed that object of mutual recognition would have been the group of learning outcomes (called "The IQEA curriculum") that were common to all profiles, with the exception of "Work health and safety. [1]

All the learning outcomes had been appointed by a set of indicators, detailing which kind of capacities the learner is expected to acquire when completing the training / through validation of informally acquired skills.

1 This subject, even if common to all profiles, is very much connected with national regulations, therefore we decided to exclude it from the possibility of mutual recognition.

It is important to mention that the indicators are the same for EQF4 and EQF3 profiles, that are distinguished by the level of complexity of application/ practice (autonomy of the performance, number of variables etc.)

UNIT	LEARNING OUTCOME	INDICATORS
PERSONAL HYGENE	*He/she is able to assists the care recipient in personal hygiene*	1. Capability to arrange suitable materials to give hygienic practices 2. Capability to correctly use the bedpan and incontinence pads 3. Capability to correctly apply the procedures of toileting and intimate hygiene 4. Capability to help patient in care of hair and nails 5. Capability to help the patient for the physiological functions 6. Capability to realize the bath of a dependent person 7. Capability to apply partially and/or totally personal hygiene for bedridden patients 8. Capability to support the dependent care recipient in dressing/undressing process
NUTRITION AND FEEDING	*He/she is able to assists the care recipient in nutrition and feeding*	1. Capability to apply techniques for feeding solid food and liquids to the dependent beneficiary 2. Capability to apply the basic principles of dietetics according to the different pathologies (i.e. diabetic, cardiac diet etc.) 3. Capability to apply the basic principles of food hygiene 4. Capability to ensure the comfort / well-being of the patient during meals
MOBILIZATION	*He/she is able to support the user in the mobility according to the different degree of disability, adopting the most suitable measures, if dependent or bed-bound repositions, walking inside and outside, transportation*	1. Capability to apply operational techniques to mobilize and to manipulate the bed-bound beneficiary (how to lift up the bed-bound beneficiary, how to change the position of the bed-bound patient, how to use specific accessories for the patients' mobilization such as walking stick, wheel-chair) 2. Capability to apply procedures to prevent bed-sores 3. Capability to support the patient walking 4. Capability to transport the patient, ensuring its security during the entire period of transportation
MANAGEMENT AND HYGENE OF LIVING ENVIRONMENTS	*He/she is able to take care of cleaning and hygiene of the patient 's living environment bed hygiene, washing and ironing clothes, dish washing, respecting the sanitary and safety rules, with a particular focus on patient environment. He/she is able to support the patient to run the household and to manage domestic issues*	1. Capability to apply principles of environmental hygiene and care (hygiene, environmental sanification, the confinement room standards, the temperature, the lighting, etc.) and to use appropriate procedures and apply the cleaning products 2. Capability to apply disinfection techniques 3. Capability to make the bed in different moments and contexts (bed-bounded patient…) 4. Capability to prevent exposure accidents of biological products 5. Capability to support in shopping, paying bills etc.

FIRST AID	*He/she is able to provide the care recipient with emergency care/ first aid*	1. Capacity to intervene in emergency and critics situations 2. Capacity to activate the emergency service 3. Capacity to apply first-aid technique and the procedures in case of emergency such as: hemorrhages; car accidents; techniques of artificial respiration and cardiac massage; traumatisms; fractures; burns; electrocution; loss of consciousness; volunteer/in volunteer intoxications; Heimlich technique.
COMMUNICATION	*he/ she is able to communicate with the care recipient and his/ her family, using (if migrant) the language of working place, using ,if necessary, alternative methods of communication.*	1. Knowledge of principles, systems, styles and methods of communication (verbal communication, visual communication, etc.) 2. Capability to communicate in an appropriate way with the beneficiary and his/ her family adapting her/his voice tone and posture according to the sensory deficit of the patient
PROFESSIONAL ETHIC	*He/ she observes the principles of professional ethics.*	1. Capability to respect the confidentiality principle regarding the care recipients 2. Capability to identify correctly the violation of beneficiaries' rights 3. Capability to follow the procedures of the ethical code of the profession 4. Knowledge of the principles of the care activity legal liability and the laws regulating the profession

Table 2 - The IQEA curriculum

5.2. THE ASSESSMENT TOOLS

The second point upon which the partnership agreed was the definition of a common group of assessment tools to be used to assess the skills acquired by learners willing to be involved in a mobility project. The set of tests has been created gathering all the tests already in use in partner organizations and selecting those considering more relevant, interesting or fit for the purpose.

It's important to mention that these tests should be considered by trainers as a minimum level of assessment and that they are free to integrate them with more. The IQEA set should indeed be considered as a minimum level of assessment.

While tests are the same for EQF 3 and EQF 4, the assessment of the latter is integrated with practical activities/simulations aimed to check the capacity of the learner to apply the acquired knowledge in a varying context.

CAPABILITY TO APPLY PROCEDURES TO PREVENT BED-SORES	
1. Pressure ulcers, also known as bedsores, occur: a) from staying in the same position for a long time b) from not walking much c) only in elderly patients with diabetes	2. Pressure ulcers in the initial phase have the following symptoms: a) small, white blisters on the skin b) prolonged redness of the skin c) blue spots on the skin

Table 3- Example of assessment test

5.3. THE ECVET POINTS

According to what foreseen by the ECVET methodology, for each country and qualification we calculated the number of ECVET points that might be allocated in mobility. ECVET points are 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. Together with units, descriptions of learning outcomes and information about the level of qualifications, ECVET points can support the understanding of a qualification. The number of ECVET points allocated to a qualification, together with other specifications, can indicate for example, that the scope of the qualification is narrow or broad.
The methodology we used is the following: we calculated the relative weight of the IQEA curriculum on each national curriculum, based on how much the IQEA indicators "cover" on the whole programme. So, for instance, we have calculated that the IQEA curriculum has a relative weight of 6,5 points over a total of 15 ECVET points that might be allocated to the Romanian profile of Home Caregiver.

5.4. THE MEMORANDUM OF UNDERSTANDING

All these elements were gathered in the Memorandum of Understanding.
A MoU is an agreement between competent institutions which sets the framework for credit transfer (i.e. for the acknowledgment of learning outcomes in view of obtaining a qualification). It

formalizes the ECVET partnership by stating the mutual acceptance of the status and procedures of competent institutions involved. It also establishes partnership's procedures for cooperation. Indeed, in order to recognize credit, the competent institution in charge needs to be confident that the required learning outcomes have been assessed in a reliable and valid manner. It also needs to trust that learners' credit does concern the learning outcomes expected and that these are at the appropriate level.

The MoU basically states that each VET provider joining IQEA is committed to:

- Adopt the description of learning outcomes developed in IQEA (for those LOs which are both part of the IQEA and local curriculum)
- Integrate, when necessary, the training contents in order to make them consistent with the IQEA curriculum (note that integrations are really minor, as IQEA is focused on those LOs which were already part of all profiles)
- Use the IQEA assessment tool as a minimum common assessment method
- In case of mobility, to acknowledge the competences validated by a partner-institute, either through a formal training or (where allowed by local regulations) through validation of informally acquired skills
- In case of mobility, allocated the ECVET credits as calculated in the framework of the project

CHAPTER 6

THE PILOT TESTING

The MoU and its related tools (description of LOs and units, assessment methodologies etc.) have been tested in all partner countries / regions before releasing a final, fine-tuned version.
Aim of the pilot phase was to put IQEA to the testing of "real situations", with VET providers, trainers and students in order to collect their views on fitness for purpose, usability, potential obstacles or – on the contrary – drivers to the application of the MoU after the end of the project.

All together, the testing of IQEA tools involved 230 users and 42 trainers and VET professionals from different countries, professional experiences and training backgrounds.

Indeed, participants came from Romania, Poland and the two Italian Regions (Friuli Venezia Giulia and Sardinia) and represented students or newly-trained professionals of the different profiles on which IQEA focused (see chapter 4.2).

Additionally, the test was carried out in a variety of context of formal learning (as a final exam, as initial assessment, as end-of-module test…) as well as in services (including employment services) aimed to validation of informally acquired skills. Therefore, it gave a good in-sight on strength and weaknesses of the model, together with a good amount of suggestions for its improvement and exploitation.

The main outcomes of the testing have been:

- A confirmation from stakeholders as well as from final users of a strong interest and appreciation for the opportunities offered by an ECVET-based model: an easier European mobility of care workers was clearly perceived as an added value for training agencies as well as for students

and professionals.

↘ Acknowledgment, from VET and employment service professionals as well as from end-users, of the fact that the validation of informally acquired skills is an important tool for the innovation of VET systems and for the qualification of employment services, as it supports lifelong learning and a stronger connection between working and training contexts.

↘ Evidences that the system is fully applicable also with persons involved in the process of validating their informally acquired skills. This is a considerably added value as it broadens the potential target group and it responds to the European principle of lifelong learning.

↘ An appreciation of the efforts made in IQEA towards a standardization of training of care workers within different European regions, while respecting the local specificities and regulations.

↘ A collection of remarks and suggestions concerning the assessment tools. Among the elements highlighted we analyse, for example: the need to standardize the number of applications and the type of test for each indicator (to make more balanced the weight of each test on the overall result), the need to modify some of the possible answers to the test , (to make them closer to different national contexts), the difficulty of achieving practical tests, in the limited time available, the need to integrate the applications of some specific indicators, considered too simple or not adequate to fully represent the relative skill.

The partnership is now working to integrate all of these tips in a new version of the assessment tools, with the aim of making them – once applied- more culturally-sensitive, more user-friendly for students and teacher as well as more adequate to really portrait the skills acquired by participants. A confirmation in spite of all differences, of the general applicability of the process to the different actors involved and the possibility to turn the experimental MoU to an established practice.

A detailed report on the outcomes of the testing is available on the project website in Italian and English.

CHAPTER 7

CONCLUSIONI

The IQEA project has clearly shown partners and stakeholders that, in spite all differences on qualifications, organization of care services, local regulations or cultural backgrounds a common nucleus of skills to provide care for older persons does exist and surely, further studies and analysis could broaden those identified in the so-called "IQEA Curriculum".
This awareness, can and should be the ground to facilitate transferability of qualifications in a sector where mobility of workers is already – and much more than in other professions - a reality.

In Italy, migrant represents the 10% of the registered nurses, specifically the percentage reaches the 12-12.5% in the North, 13.9% in Sardinia, exceeding 16-17% in some regions, such as the Valle d'Aosta, Friuli-Venezia-Giulia and Lazio (Reported by Italian Federation of Nurses, 2010). Moreover, the15% of health and social care workers and 70% of family assistants / privately hired caregivers come from outside Italy and in a large majority from Romania and Poland.

In this context, the recognition of skills acquired in mobility, including those informally acquired on the job, motivates users to invest on their patrimony of skills and can, on the other hand, facilitate the return of foreign workers to their home-country with new expertise usable Europe-wide.
A very interesting side-effect of the exchanges allowed by IQEA was also the increased understanding from stakeholders of the contents and quality of training provided abroad, that called into question a few of the prejudices that we might sometime have on foreign-trained professionals.
It was also acknowledged by the majority of professionals involved that IQEA offers a practical, feasible and not time-consuming operational protocol and set of tools to allow agencies to mutually

acknowledge skills of students and workers in mobility.
The usability of IQEA in the context of validation of informally acquired skills is a significant added value: first, it responds to the needs of migrant care workers who – willing to come back to their home county after a work experience abroad – can more easily build on the skills acquired on the job. Secondly, it connects IQEA and the ECVET system not only with training but also with employment services, that have the opportunity to improve their capacity to match demand with qualified offer of care services, in a transnational perspective.

Finally – and most importantly – it was recognized the need to turn the experimentation of a model into stable agreements which, in some cases, have already been signed.

Recognizing and valuing skills produce trust that, in such a thorny sector, becomes an engine to create employment services able to better respond to the needs of older persons and their families, in the framework of a transnational and European alliance.
The next challenge is going to be the extension of the Memorandum of Understanding to more agencies and, possibly, more countries Europe-wide. We are waiting for you: join us!

Each project phase has been documented by detailed reports that are downloadable from the project website: www.iqea.eu

For more information concerning Italy/Romania/Poland, please contact the local partner:

ITALY

EXFOR - Exfor is a training agency located in Cagliari (Sardinia) working since 2002 in the human resources development and vocational training, with a special focus on work and social policies.
Contacts: Cristiano Camilleri – c.camilleri@exfor.it

FRIULI VENEZIA GIULIA E SARDEGNA REGIONS - The IQEA partnership involves the regional administrations of Sardinia and Friuli Venezia Giulia, where the pilot experimentations of the project took place.

Contacts with Friuli Venezia Giulia Regional Administration:
Luigina Leonarduzzi: luigina.leonarduzzi@regione.fvg.it

Contacts with Sardinia Regional Administration:
Giuseppe Simone: gsimone@regione.sardegna.it

ANZIANI E NON SOLO SOCIETÀ COOPERATIVA - a no profit organisation working since 2004 in the social field through community projects, social researches, formal and informal training, e-learning and consultancy on welfare policies.
Contacts: Licia Boccaletti – progetti@anzianienonsolo.it

KAIRÒS - a company providing – since 1990 – vocational training, human resources development and consultancy services.
Contacts: Giorgio Brunello – giorgio.brunello@kairos-consulting.com

POLAND

TRANSFER - a non-profit organisation established in 1997 by a group of VET and CVET experts with the aim to contribute to the development of knowledge society by promoting lifelong learning, in particular through activities improving the quality and attractiveness of VET.
Contacts: Agnieszka Luck – s-transfer@stowarzyszenie-transfer.pl
http://www.stowarzyszenie-transfer.pl/

ROMANIA

ASOCIATIA HABILITAS - an association providing since 2007 professional adult training and counselling service for the social, psychological and educational projects and programme.
Contacts: Rodica Caciula – rodica.caciula@yahoo.fr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