First IQEA report

Education and Culture DG
Lifelong Learning Programme

Introduction

IQEA project foresees the realization of three reports able to outline project perception of stakeholders and partners. The main objective of this report is providing information to the partners which will help the delivering useful guidelines that will be content in project handbook (Deliverable n. 29). Other organizations could have the necessities to use project outputs in other contests and project handbook will help them to organize activities and avoid possible constraints. The first monitoring report is related to study and analysis phase and in particular on the elaboration of the following outputs:

- Out. 6 - Professional profiles for caregiver
- Out. 7 - Educational profiles and study plan for caregiver
- Out. 8 - Standards of quality for the delivery of training
- Out. 9 – Definition of procedure to assess the learning
- Out. 10 – ECVET Partnership Agreement
- Out. 11 – Partnership Agreement

Partners were questioned on different items considering their specific role in the project. As WP leader, Anziani e non Solo (ANS), provided the most interesting considerations in order to understand the main steps of the study phase.

Caregiver profile definition

In order to define a common view on caregiver profile, Anziani e non solo (ANS) elaborated a template for the collection of different professional profiles that was validated and approved during the first steering committee meeting held in Trieste (IT). In that way all IqeaEvo project partners had the opportunity to have a general idea about the professional figures working in the elderly care field in the involved territories. So that it was possible to understand discrepancies and similarities among the different profiles detected by each organization involved. Many aspects of caregiving received considerable attention (skills, training, contracts, working environment, etc) although it was difficult to define many of these characteristics. In fact in many contests, it is a non-structured professional and no professional training is actually required for it. For example, in Romania there are not many professions in the elderly care field. The Romanian Classification of Occupations and the Occupational Standards were consulted and two professions were define: health care assistant and home caregiver. The profiles for these two professions were defined taking into consideration the inputs from the professionals who participated in a first dissemination workshop in Romania in March 2011. Friuli Venezia Giulia had already defined a minimum level of competencies to be recognized as caregiver and for this reason using the elaborated template was not possible.

Although some problems occurred, partners were able to identify and gather the same information for the different professional profiles detected by each country/region involved in the project. The fact that elderly care field is regulated in different way according to the corresponding Country/region made complicated the elaboration of a unique and shared definition.
For that reason all six detected profiles were deeply analyzed:

HEALTH CARE ASSISTANT – ROMANIA
HOME CAREGIVER – ROMANIA
CARE ASSISTANT IN SOCIAL WELFARE HOUSE – POLAND
CARE ASSISTANT FOR ELDERLY PEOPLE – POLAND
HEALTH CARE OPERATOR (OSS) - ITALY
FAMILY ASSISTANT – SARDINIA REGION – ITALY

As far as the possible comparison is concerned, except for the “minimal competences for assistance”, the other profiles were comparable according to the difference sections identified especially concerning the following aspects: “education and experiences”, “Specific activities carried out,” “work place and work context”.
The items considered in the analyses by the partners were:

1 - Job description

2 - General terms of job practicing
3 - Education and experiences
4 - International Qualification Level: EQF and/or ISCED
5 - Specific activities carried out
6 - Work place
7 - Work context

All the regions involved organize training courses for caregivers even if the initiatives are not coordinated at national level. The initiatives are left to the individual regions also because the profile of the caregiver is not formally recognized. The situation is quite different for social health operators (The Italian acronym is OSS). In this case, Italian partners dealt with a profile for which is provided a qualification recognized at national level. However, the common guidelines (state-region conference) leave a wide autonomy to the regions in the organization of training courses. This determines training courses not recognized in all regions. Even more complicated is to compare the profile at European level.

In this first phase of the project, partners decided to use all the same template in order to better understand similarities and differences among the project and they agreed to report in the "professional profiles description" all the profiles identified by each organization, including training profiles that could not follow the general structure of the template used for the other ones. The difficulties were overcome through a specific working group organized in Romania which validates the profiles. The experts came from a wide range of institutions (training agencies, the Rumanian Agency of Qualifications and Professional Training, the Rumanian Social Assistance Departments of the local authorities, geriatricians etc.). After this step, in order to make the professional profiles comparable partners grouped the activities carried out by the different profiles in an area of intervention (personal care and hygiene, Communication, etc.) and they turned them into learning outcomes.

The comparisons among the different approaches outlines the following items:

a. In Italy and Romania there is a difference among caregivers working in an elderly residential facilities/ hospitals and caregivers working at patients house (qualification required, tasks and responsibilities, etc.) while in Poland both detected profiles can work in both contexts (nursing homes or private house) there is not a strict separation;
b. In Italy the professional profiles who take care of dependent elderly at home (AF-RAS and AP-FVG) have big differences within the Country because they are regulated at regional level. They have different tasks, duties and follow different training pathways. In the other countries of the project, the regulation is managed at national level;

c. In Italy the three profiles analyzed (health care operators (OSS), family assistant, minimal competences for assistance[1]) do not foresee tasks linked to rehabilitation procedures while in Poland and Romania these competences are required;
d. In Italy the OSS can carry out activities related to sanitary sector (administration of medicines, etc.) while the caregiver profiles working at home are not allowed to do it. On this issues, the OSS has to receive specific tasks and duties by medical staff member more qualified. In Poland and Rumania caregivers have more autonomy;
e. In Italy the OSS contributes to the evaluation of the quality of the services and to the training activities addressed to students doing internship in the facility where it works. In the other Countries the caregiver profiles analyzed do not do similar activities;

[1] It is not a professional profile but a training profile

Educational profiles

Defining the six professional profiles required a strong commitment but the respective educational profiles were more difficult also considering that Vocational trainings are not compulsory for some professional profiles considered especially for home caregivers. The FVG Region organizes training courses for them which permit a recognition of some learning credits for trainees that want to attend the course for OSS.
The Romanian situation is not so different than the Italian ones. There are no national regulations for home caregivers and each training agency is designing its own training program.
For these reasons, the census of the phenomenon is very difficult.

In order to have an overview of the learning outcomes identified from the activities, WP leader elaborated a complex scheme with about 26 learning outcomes grouped in 12 areas of interventions and identified learning indicators split in three categories: knowledge, capacities and behaviors. This document was a kind of “ideal” education profile including all the aspects come out from the profiles of the countries and regions involved but it was too complicated and not so practical and readable.

Another problem was related to the study plans collection from the training bodies contacted. At the beginning they were afraid that some other training agencies involved in the testing could copy part of their training material. The collection required a lot of time for receiving the didactic material.
Moreover, sometimes the different mother tongue languages of the partners has been a big issue because the translation in English of the study plan did not reflect the real meaning of the original language and that made the comparison among the different countries/region more difficult.

Another problem was to make learning outcomes comparable from the point of view of the duration of the training dedicated to them. In fact in the document “Learning outcomes in curriculum” (see output “educational profiles and study plan”) WP leader realized that there were some learning outcomes (Los) present just in some curricula while the LOs common to all the curricula belonged to different learning units and had a different duration within the study plans in use in the involved territories.

Problems and solutions adopted for educational profiles and study plan comparison

The educational profiles and study plans were comparable due to the fact that there are common matters on caregivers’ curricula (such as Feeding, Dressing, Personal hygiene, Mobilization etc). On the other hand, the discrepancies were not so infrequent. In order to overcome the difficulties occurred, partners decided to identify differences and similarities by adopting a shared model to describe the profiles.

The main differences among the examined profiles were about some learning units included in the study plans and the hours that they dedicate to learn similar subjects.

- In Italy the study plans of the training addressed to caregivers working in nursing homes-OSS IT- are more complete and last more hours (around 1000 hours) than those ones addressed to the caregivers working at patient's house –AF RAS and AP FVG- (around 200 hours). Although there are some topics contained in the study plans of both profiles, such as: Mobilization, Personal hygiene, elderly living environment hygiene, Feeding, first aid/emergencies situations techniques, Psychology and communication techniques and ICT notions, they are treated in different way according to the working context where OSS and AF will be working. Moreover there are some other topics that are specific just for OSS, like: gerontology, protocols indicators and quality principles, social work methodology, etc;
- In Romania the difference between the study plans of the two categories of elderly caregivers is not so big from a duration point of view;
- The Rumanian study plan is more focused on medical and sanitary issues while the OSS study plan have didactic units dedicated to: social work methodology, digital skills, protocols indicators and quality principles, all that gives this profile a relevant multidimensional approach. The difference highlight also a different approach
- Comparing the study plans between Italian OSS and the Rumanian Health Care Assistant (Ro-HC) it comes out that the Romanian profile is more focused on social and management skills, in fact in its study plan there are learning units such as: communication and working within a multidisciplinary team, respecting the right of the beneficiaries, planning his/her own activities and continuous training, that are not contained in the Italian training pathways.

After the comparison of the different profiles, partners agreed to define an "ideal educational profiles" only the LOs included in all profiles with minor difference on indicators among the profiles with the same EQF levels. In that way WP leader identified the following LOs that will be part of the IQEA Curriculum:

- Personal Hygiene
- Nutrition and feeding
- Mobilization
- Management and hygiene of living environment
- First aid
- Communication
- Professional Ethic

Difficulties and solutions adopted on the definition of standards of quality for the delivery of training

Following the general national regulations, each training agency has the freedom to design its own standard of quality. Certainly national regulations can provide a significant help in order to understand the standards of quality requested by each country. Nevertheless, a wide autonomy is guaranteed to all training providers. This situation make uncertainty the achievement of common standards and very difficult a realistic comparison among the different processes and solutions adopted. Highlighted good practices would help all training providers to elaborate better training courses and to have better services for elderly people but the competitiveness of the sector make difficult collecting information.
The Scientific Committee prepared a specific questionnaire and try to make competitors aware about the importance of IqeaEvo project. The participation in the project of two regions accredited the value of the project. The result was not totally satisfying but permitted a first analysis.
The standards of quality were comparable due to similar regulations. For example the final exam is compulsory for the same professional profiles in Romania and Italy and the registration of the participants is also mandatory. Nonetheless, there are some relevant differences that project contributed to highlight.

Access conditions

The most relevant discrepancy was on “participation costs”: just AP-FVG and AF-RAS training students have the opportunity to be trained for free while OSS-IT and the Polish students can have free participation to the training just if the agencies have the ESF support, if that is not possible the cost to attend OSS-IT training is the most expansive and it’s around € 3.000,00.

Concerning the trainers characteristics, the Italian situation is very different from that one of Poland and Romania. In fact, in the Italian territories examined, trainers: are not request to have a specific qualifications, neither to have a certified experience in the subject they teach and they do not have to do refresh courses or further training in order to keep their roles as teachers. In addition within Italian training agencies interviewed, trainers do not elaborate any reports concerning the students they had. In Romania the minimum age of participants in the training courses is 16 years old, while in Italy it is 18 years old. The maximum number of trainees for each edition of training is minimum 24 to maximum 28 in Romania, while in Italy is from 12 up to 25.

About Teaching methods, Italian training courses show many differences compared to the courses organized by Romanian and Polish agencies interviewed. In particular in Italy the dimension of the classroom is not established, training are delivered without the support of the ICT tools and internet, even if Sardinian Agencies declared that the 48% of their courses addressed to family assistants can

be delivered through e-learning modality. Moreover the Italian agencies analyzed do not foresee any activities to support trainees to find a job after the course and they are not interested in register the rate of employability of people attending their courses. At the opposite, this aspect is considered very important by Romanian and Polish agencies that carry out survey/interviews to verify the effects that their trainings produce on trainees employability opportunities. Another difference to remark is that Italian training agencies don not carry out intermediate evaluations and the training courses delivered to become OSS-IT and AF-RAS don not foresee a final exam in order to assess the knowledge and skills acquired on the training.

Procedure to assess learning outcomes

Also in this case, having information from training agencies was difficult due to their necessities to preserve their knowhow and experience. In order to gather the assessment each partner was committed to involve training bodies from the first dissemination workshops. In that way training agencies became more aware of the ECVET potentiality and of the importance of their active participation in IqeaEvo Project. Before gathering the assessments tools, during the steering committee held in Cagliari, all partners agreed in a common definition and structure of exercises and tests.

The procedures to assess learning outcomes showed a lot of similarities but the considered items were various. Once partners gathered the needed information, the scientific committee had to select among all of them the most adequate exercises and tests in order to assess the LOs and the indicators identified according to the Iqea Evo Curriculum. The majority of the partners had some difficulties to understand the differences among exercises and tests and had as well some problems to understand the right meaning/logic of the assessment because of the translation from the partners mother tongues into English. Once partners identified the LOs to be compared it was quite easy to put together the assessment that training agencies working in different territories involved in the project will use within their assessment system.
The main differences among the assessments are the number of questions used, the contents of some LOs and the typology of the exercises, even if the majority of the agencies among their assessment use the multiple choice questions.
Within the assessments of OSS-IT there are multiple choice questions and practical exams concerning specific area of intervention. Within the assessments in use for elderly caregivers working at patients' house in Italy there are many differences: In Sardinia, for example, the training providers use multiple choices tests combined with several kind of exercises and the texts of the assessments are supported by pictures in order to make them more understandable (In fact in Italy many people working in the domestic elderly care sector are foreigners while the Italians ones have a low education level). In general, as it has been said above, the LOs concerning National law, national social and health systems etc, are different from a country/region to another.

Once the whole partnership agreed in the IQEA Curriculum, every partner knew the LOs to be assessed in a similar way and WP leader made a selection of the gathered exercises and tests.
Moreover each partner elaborated new assessments in order to cover the LOs/indicators that had not adequate assessments.
In order to have an output that reflects the positive elements of collected assessment tools, the new document called "Iqea Learning Assessments" foresees different kind of tests and exercises for each learning outcomes.
Finally all partners decided that:

- A test is passed if 80% + 1 of the questions are answered correctly
- A module is passed if all the tests related with the indicators are passed
- For profiles belonging to an EQF4, a practical exam is added, in order to test the learner capability to exercise self-management within the guidelines of work or study contexts that are usually predictable, but are subject to change

During the steering committee held in Poland on 10th of May 2012, this output was presented and validated.

ECVET agreement

The learning units are coherent with the model developed in the two Italian Regions because within the analyzed study plans, each partners split them in learning outcomes obtaining study plans organized in a similar way. So that, within each study plan, there is on one hand a set of learning outcomes common to all Country/Regions involved in the project; on the other hand there are some learning units specific of the contexts where the training is delivered. In that way, the two Italian Regions will have trainings containing learning units similar to the other countries and other ones containing particular learning units (i.e.: employment contract regulation, NHS and social work system regulation, itc tools, etc) that are different from the other territories. The ECVET agreement will be focused on some selected learning outcomes, which appear in all profiles in the countries/regions' partners: personal hygiene, nutrition and feeding, mobilization, management and hygiene of living environments, first aid, communication and professional ethics. The main differences consist in the time dedicated to each learning outcome.

The tool will be an useful tool for enhancing workers mobility. An Italian, Rumanian or Polish woman who will attend (or has attended) a course and passed the IQEA test organized by one signatory organization will have an international recognition of their learning outcomes. Moreover each organization (project partners and training bodies) will have the "minimum learning assessment" translated in four languages: English, Polish, Romanian and Italian. It can be a new input for people who need or want to move from one Country/Region to another one that has signed the agreement.

Conclusions

The study phase is certainly the most important step of IQEAevo project. Project aim is developing and experimenting an ECVET system for professional profile of elderly caregiver, providing assistance at home or in nursing homes/shelter. The process will lead to sign a partnership agreement between Italian, Romanian and Polish institutions allowing students to obtain credits, achieving a qualification in the care field, recognized all over the territories involved. Partners are satisfied about the results achieved so far even if collecting information was very difficult. In all countries considered in the analysis, training agencies have a wide possibility to elaborate their own training courses and the assessment tools. This make difficult the elaboration of a general idea of training sector organization. Furthermore, training agencies are afraid to share data and tools because they are very competitive and risk to lose their knowhow and experiences. The lack of communication among stakeholders and the difficulty to share knowledge do not permit a real improvement of quality standards. In this situation, Individuating benchmarkers and good practices is very difficult.

Nevertheless, the presence in the consortium of Institutional actors as Policy Makers accredited the research carried out by partners and permit to collect enough information to elaborate a sharable model. The possibility to involve other organizations in the elaborated ECVET agreement will be very important in order to determine the possibility for the initiative to continue after the end of IQEAevo project. Partners will have to be able to elaborate a correct strategy to expand the participation of the ECVET agreements without losing the guarantee of quality that it will have to represent.

An important assurance of quality is given by the study phase itself. Partners are conscious that the made elaborations can help other organizations and policy makers to use IQEAevo results. Nevertheless, the possibility to involve other regions and countries would have given to the project interesting data in order to elaborate an ECVET agreement easier to share at European level.

A follow up of the project should necessarily extend the geographical area interested in the analyses transferring project management methodology in other contests through project handbook and focus the attention on ECVET agreement promotion.