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PRO-DOMO

TRAINING MODEL FOR FAMILY ASSISTANTS



DG Istruzione e cultura

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permanente

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The lengthening of life span, the increased number of elderly people who are not self-sufficient, the increase in female occupation rate, the increase of family units composed by elderly couples and elderly who remain alone, the search for balance between family life and professional life, are all factors which have brought about an increase in the need for at home care and assistance and a decrease of the possibility for families to care for the elderly on their own.

Family assistants are found to be working in households with persons (of any age) who need assistance and/or care, in situations when their autonomy is compromised. They can be in some cases family members or other people recruited directly by the families through institutional or non-institutional channels.

Families choose to have at home care to preserve the family and domestic dimension of life, since this makes it possible for people with special needs to receive assistance and care while continuing to live in their own home, keeping their habits and affective ties.

The field of informal care offers a notable occupational opportunity and is constantly on the rise and therefore it is necessary to activate training services which are accredited by institutions to teach these operators and to grant them full professional and social recognition.

Caregivers within the family, are for the most part lay persons with low professional profile but highly motivated because of the relational, occupational, or emotional reasons.

The ProDomo project proposes, through the constitution of a training model, to define (and then to transfer) a good practice of professional training, of competence and skill development and their certified accreditation for those working figures who cover a role of care taker in private at home care so that their work can receive full social and professional approval and be considered as a real added value and resource for the family itself.

Informal Caregivers

Lay person care givers are working figures who work in the field of home assistance. They provide assistance and care to the elderly and non self-sufficient people with physical, mental, social disabilities or experiencing social unease. They manage the relationship with the assisted person and his/her family (if not a family member) and carry out hygiene-related activities as well as housework tasks.

Family assistants work in both public and private sectors.

The main tasks of family assistants are:

- Household duties

- Wash laundry
- Prepare meals and assist in feeding
- Minor home maintenance repairs
- Deliver personal care and hygiene
- Accompany the assisted person/family member to medical visits or hospital admissions with appropriate means
- Administrative paperwork such as filling in forms and paying bills and if necessary to accompany the elderly on site with appropriate means
- Promote socializing activities
- Spend leisure time for recreational activities in community care centres
- Provide social assistance

The knowledge and skills that family assistants should have are:

- Ability to identify needs and physical, psychological and healing problems of persons with disabilities and/or non self-sufficient elderly people
- Communication, interpersonal and social skills, enabling adequate interpersonal relationship with the assisted person/family member and the family unit
- Skills aimed at improving the living environment, home security and independence
- Elements of gerontology, geriatrics and disability issues
- Skills related to the care and hygiene of the person and the environment
- Elements of nutrition education
- Elements of First Aid
- Knowledge of the Social and Health Services Network
- Ethical issues and legislation related to the role of informal care.

Target group

The Pro Domo project has highlighted the different kind of family assistants in the European partner countries.

Italy

In Italy family assistants are, for the most part, immigrant women recruited directly by the families through non-institutional channels.

In recent years, the use of private care givers has had an ever greater role. The changes that have affected the contemporary family (the aging population resulting in a greater need for health care workers, lower fertility rates, the weakening of informal support networks, the growing participation of women in the work force and the related transition of tasks and roles within the family) have led to an increased demand for care services and assistance to which the current welfare system cannot meet in terms of quantity and quality.

What characterizes the people who currently provide these private care giver services in Italy is that they are female, foreign immigrants, relatively young, more aware of their roles, less inclined to cohabitation and more interested in settling permanently in Italy. They are also frequently employed in the black market (S. Pasquinelli, G. Rusmini Istituto per la Ricerca Sociale, Badanti, la nuova generazione-Caratteristiche e tendenze del lavoro privato di cura, nov. 2008, www.qualificare.info).

According to statistics, only one caregiver out of three has an employment contract. To help this system of private informal care giving to emerge as a true profession is not an easy goal.

The provision of these private care giver services through the black market continues to expand as it is still convenient both for the private care giver and the family. However, this black market system leads to irregular employment, little job security, lack of training and technical expertise and poor coordination of care. (S. Pasquinelli, G. Rusmini, I sostegni al lavoro privato di cura, www.qualificare.info, ottobre 2009).

Training courses and certification of private care givers is an important element in ensuring a basic level of competence and quality, in promoting better coordination of care between the various entities that provide health care and in giving these private care givers a path for job security and professional growth .

Germany

Persons, who care for elderly people in their home environment, without having an (accredited) professional qualification. Mostly of those persons are female, between 25 and 50 years old, foreign immigrants (manly form Eastern Europe countries) with middle to low (German) language competences.

Spain

The target group chosen for the training model are family carers and people with low professional profiles who are providing home health and care services within the family or community sphere, usually in hidden economies and who have already experience on the job, but not professional training nor qualifications in the home care services field who usually have problems in accessing training due to their assistance timetables, being many times in risk of social exclusion.

The reason for targeting this group lies on the fact that for those individuals that are already providing services (continuously or with layoffs) directly through the city councils or through the accredited private business or have their competences recognized some via by the Spanish authorities, it exists the official procedure of training and obtaining the accreditation mentioned in precedent paragraphs.

The legal framework of home care service providers is fully regulated in Spain through national and regional legislation. As a public service, for those people that fulfil the requirements established by law and have the right to be looked after at home, the organization is the responsibility of Local Authorities of Andalusia, which can manage the service directly (Local Councils) or indirectly (providing the resources for families and people in need of home care services to get them from accredited private companies). In both cases, the recruitment of assistants and carers and their requirements and qualifications are also regulated by law.

Despite the existence of this system, increasingly everyday, the Spanish society demands more health and care services for users that most cases do not qualify for a public funding or support. In these cases, the informal carers are the people providing these services, most of the times in a non regulated environment. These workers are mainly mature immigrant women from Latin-American and Magreb countries, with a low professional profile and many times without residence and/or working permits. This group of people are the one in needed of a training and qualification program as the one proposed by Prodomo and to whom the transferability of the system (training and obtaining a qualification) will be highly beneficial under three aspects:

- Professionalization of the sector by providing training and recognition of working experience to present informal carers.
- Help to regulate the situation of de facto carers giving them possibility of access to the formal and regulated sector of health care and assistance in the home.
- Provision of a better quality service to the community and especially to the people looked after that are not within the scope of beneficiaries of the public services.
- Contribution to this activity to emerge from the shadow economy.

Nevertheless, there is a fact that cannot be let aside as the lack of competence of the local authorities to accredit formal training or qualifications.

Slovenia

Centres for social services decide about the entitlement. Family assistant is a person, providing help for the disabled person, when in need. Family assistant is not obligated to cover the material expenses for the life of the disabled person.

Family assistant can only be a person, which has resigned from the register of the unemployed or labour market exclusively to become a family assistant. Family assistant can also be a person, working in a part-time working relationship.

It is considered, that a person left the labour market if he or she terminated the full-time employment by resignation or changed the contract to part-time with the same or different employer or if the sole trader or a single-partner company, which does not employ any other person, ceases operations (proving so with the confirmation of the cancellation from business and judicial registers), exclusively with the intention to become a family assistant. Termination of the employment contract or resignation from the register of the

unemployed with the intention to become a family assistant to a disabled person cannot be ground for culpable exclusion from acquisition of rights under employment regulations and insurance in case of unemployment.

A person is considered disabled in case:

- has been taken care of by a parent that has been receiving compensation for the lost income under regulations of parental care, before exercising the right for the family assistant
- a person is determined as such under the regulations of the law on social care for mentally and physically challenged persons that need assistance in performing every day needs and duties
- a commission for recognition of the right to a family assistance establishes that the person concerned suffers from a severe form of mental or physical disability and requires help and assistance in performing basic life needs which can be provided by a family assistant.

Family assistant provides a disabled person with assistance in accordance with her/his needs and interests particularly:

- accommodation, care, nutrition and household tasks
- medical care in compliance with the designated personal doctor
- accompanying and participating in various social activities

Family assistant is entitled to a partial compensation for the lost income in the amount of the minimum wage or the proportionate partial payment in case of a part-time employment.

In case of a family assistant selection, the disabled person retains the right to supplement for outside help or service, that is granted on grounds of a written statement in addition to the application for the family assistant in which the disabled person permits the transfer of this supplement to the municipality account from where it is used to co-finance the rights of a family assistant.

The disabled person and his/hers subjects for maintenance (spouse, children or any other person obligated to take care of him/her such as subjects to maintenance contracts) are obliged to fully or partially refund the municipality on monthly basis with the funds spent on family assistant.

Family assistant rights are additionally funded with assets of a disabled person in the amount of his/her payment capacity and funds in the amount of subject contributions. Solvency and subject contributions are determined in accordance with the terms of the law of social care. In case their assets are not sufficient to cover all the family assistant rights, the difference is covered by the municipality. Subject that is a family assistant at the same time is not obligated to contribute to the payment of family assistant rights.

In case a disabled person possesses a real estate, a ban on disposal or mortgaging can be issued in favour of the municipality that finances the rights of a family assistant in accordance with the terms of the law of social care.

The areas are not clearly marked, the education is performed on a general areas, but with a certain emphasis on distance learning, which we find very positive and welcome. Regardless of the fact, that many

people are not able to use a computer, there are many who actually can and it is my belief that this area is worth some additional research and prepare a n educational plan. Usually the interaction student:teacher and/or mentor is very important, but with this type of tutoring and that many candidates at once it has to be a bit sacrificed. The idea of instructional DVDs to be integrated in the learning process it seems very good.

The inflow of the foreign work-force means we encounter another issue, that is the language barrier, with communication being the essential element of performing home care. Teaching most common phrases, used in everyday communication and care is considered, as it is a very interesting and useful tool that still needs to be refined.

At the moment there is no great inflow of the foreign work-force, but monitoring the events and guidelines from the EU and the world, we have to anticipate this process and integrate these people into our home-care system as the percentage of elderly people is steadily growing through the years.

Educational program, that we forwarded can be presented, in our opinion is good as it covers a wider area, not just the medical point of view, but also social and judicial.

Something similar like a model that is used in the Italian city of Parma will be part of the upcoming Slovenian "law on long-term care". Their model has a lot of similarities, the social services worker has the first contact, but is part of a commission, that in cooperation with a doctor and a representative of the municipality, prepares a personal plan for elderly person, which has to be completed in 30 days. As all the needs of the person are determined and accounted for, the beneficiaries get a voucher and choose a contractor by themselves. There is obviously a lot of suppliers unlike in Slovenia, and the prices are very similar between suppliers.

In Slovenia there is a rigorous distinction between public and private sector. Public sector is getting a subsidized hour fee, which is not the case with private sector (except the ones that have a concession), therefore our fee is significantly lower at 4,90 EUR per hour as opposed to private structure of Bit Vizija at 11,50 EUR per hour.

People that need help can contact the suppliers directly and cover all the expenses by themselves. We are interested in finding out whether is it a common practice, that hospitals discharge a patient in need of assistance and notifies the designated supplier that must provide service on the very next day. What's the procedure that determines the eligibility and how is the assistance organized? The fact is, that they do not have waiting lines as we do and it is probably the fact that the private sector is completely under developed.

That is why we would like to know how do promote the service. It would be very helpful if we had a list of suppliers that are verified and monitored, which would result in easy choice from the customer side. The other interesting aspect is ability to connect private and public sector.

They have three subgroups of elderly people and they are treated accordingly: in the first group are elderly with a family/social network, on the second there are the ones, that do not have it, but are still capable of

making their own decisions and in the third group there are the ones unable to make their own decisions. In our country the home-care for people from the third group is provided by public sector by appointing a guardian for special circumstances that coordinates all the efforts.

There is mentioned a family assistant, but there is no record of a specific education for him/her. We see the potential in a distance learning program. This would be all for now – in the end we would like to emphasize, that in our opinion we have a valid system in Slovenia, but not effective as it could be because of the under developed private sector (mainly because of a lack of subsidies from municipalities and/or the state).

Hungary

In Hungary the target group consists of people from two different areas.

Unemployed people and volunteers are involved. Their motivation is that they want to know more about home care nursing.

Volunteers/helpers who are family members at the same time. Their motivation is that they want to learn the nursing skills in order to look after their relatives/neighbours.

It is true for both type of participants that they are lay people. The target group is not homogeneous, because they differ in age and educational level. Due to these differences, their learning abilities, achievement and personal skills will be different.

After completing the training course they will be able to provide basic nursing/caring activities.

We hope that the members of the target group will continue their vocational education at a higher level and get higher and registered qualification (LLL).

UK

The UK has a well established training model and structure for professional carers but an area where there is a gap is in respect to informal family carers. In the UK there are an estimated six million unpaid carers of which a large number are young carers, and that every day 6,000 people take on a caring responsibility.

Informal carers very often have to give up work to enable them to undertake their caring duties or in the case of young carers they either struggle to gain qualifications at school or in some cases drop out therefore making it difficult for them to gain employment when they are able to take on paid work.

This is why we chose this target group, it is hoped that by developing a flexible training model that can be used by a wide range of people, it will support carers to accredit the skills they have as well as provide training in new skills that will then support them to gain employment when they are ready. This will also supplement the training that is available already within the care sector and give a number of people more options when looking at which training model is appropriate to their needs.

On the basis of the results of the comparative analysis of the different European partner countries (as explained above), and according to the project proposal, the partnership is aimed at developing a training model for non-professional family assistants in order to promote the activation of institutionally accredited services for the training of these working figures so that they can receive full social and professional approval.

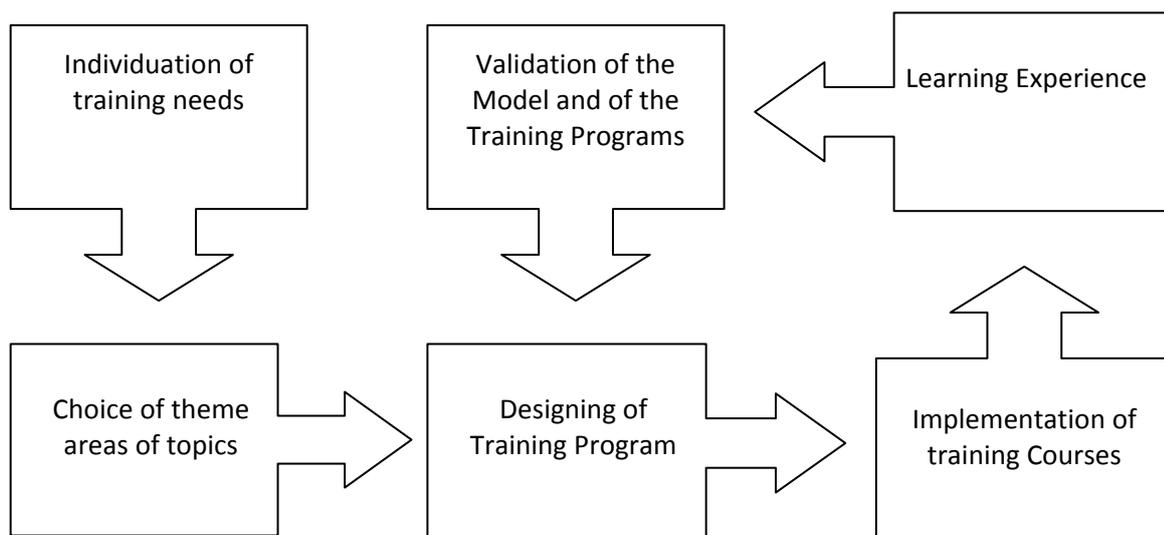
The objective then is to offer workers engaged in an at home care job (housekeeping, personal care, baby sitting at home, assisting the elderly or disabled people at home) a chance to gain certified skills recognized as a training and professional credit, so they can be recognized as belonging to a professional category regulated by institutional laws.

Secondly, the aim is to stabilize employment and help it to emerge from the scenario of “under the table” and irregular work by giving people tools to improve their employment possibilities and a mobility in the professional Market of work which can be efficiently managed to meet the need for work (which is expressed not only by the companies who deal with at home care services, but also by private parties.)

Based on the training model, the aim of the project is to trigger a process that makes it possible to gain competence and skills which are usable as cumulative education credits together with their working experience, and can be utilized to access future programs of professional advancement and improvement.

This way, the persons participating in the program are involved in paths inspired by the principle of lifelong training and in particular, in Work-life Long Learning.

The process of model development



This model has been based on the drafts, reviewing and proposals of the training model previous, simultaneous and subsequent to Granada meeting. This draft also intends to bring together the different partners contributions in the debates in Granada as well as incorporates parts of the Spanish Certificate in Home Social and Health Care (Royal Decree 1379/2008, 1st August).

The contents included in this training model are has taken into account the contents proposed by England, Germany and Spain (the only ones received at the time of finishing this final draft of the Training Model). The Training Modules and the Didactic Units appear in grey for each country to introduce their thematic areas and didactic units according to their territory needs

An estimated duration is given as an example on the basis of the characteristics of the target group debated and agreed in the last meeting in Granada (short, monothematic, supple, easy to complete dedicating short periods of time during “working days” and adapted to the trainees needs and availabilities). The duration is indicated in the form of a minimum/maximum range.

The documents used to draw the Training Model are the following:

- ✓ GHI_training_model_first_draft_1.12.2010 file (GREENHAT INTERACTIVE LTD-UK)
- ✓ TRAINING_MODEL_REV_1 file (COMUNE DI PARMA-IT)
- ✓ PRO-DOMO Punto di vista UK printed versión (GREENHAT INTERACTIVE LTD-UK)
- ✓ Training Model PPT printed version (Davide FERRARA COMUNE DI PARMA-IT)
- ✓ MINUTES OF PRODOMO MEETING HELD IN GRANADA 17TH AND 18TH MARCH 2011 file (IMFE, AYUNTAMIENTO DE GRANADA –ES)
- ✓ ProDomo_training_model_DE file (K. U. EICHSTATT INGOLSTADT –D-)

This final draft of the Training Model is presented in the following chart:

- ✓ Target group (profile of the trainee)
- ✓ Objectives of the course
- ✓ Outline Content
- ✓ Structure

- ✓ Duration
- ✓ Enrolment
- ✓ Face to face sessions
- ✓ Training methodology
- ✓ Training modules
- ✓ Didactic Units
- ✓ Review and Assessment
- ✓ Equipment required
- ✓ Minimum requirements for trainers
- ✓ Training of the trainers
- ✓ Obtaining qualifications

CATEGORY	DESCRIPTION	EXAMPLE
<p>Target group (profile of the trainee)</p>	<p>Family carers (adults and young carers), people (young and adults) with low professional profiles who provide these services within the family or community sphere, usually in underground economies and who have already experience on the job, but not professional training nor qualifications in the home care services field and who usually have problems in accessing training.</p>	
<p>Objectives of the course</p>	<p>To define which basic and fundamental knowledge must be acquired in order to become efficient in the field: that is, reaching a level of professional competence.</p>	<p>This course aims to gain the knowledge, develop and improve the skills needed in the caring and supporting role for those people that are already carers or those that wish to develop a career in the care industry.</p>
<p>Outline Content</p>	<p>Explain the fields of know-how on which the skills of the didactic units are based.</p>	<p>The course covers a wide range of areas such as everyday care (personal hygiene, nutritional needs...), safety, emergencies management, social and emotional support, development of the family assistant and effective communication.</p>
<p>Structure</p>	<ol style="list-style-type: none"> 1. Initial assessment of the level competencies 2. Training Plan for the trainee 3. Mapping of individual courses 4. Giving the actual training 5. Review and Assessment 	

CATEGORY	DESCRIPTION	EXAMPLE
Duration		60-100 hours
Enrolment		Example: One course every quarter during the year.
Face to face sessions	<p>At the beginning, to introduce the training course, the study plan, the teachers, the tutors, the teaching materials, and to make the initial assessment of entry level skills and to define the personalized plan;</p> <p>During the course to monitor and check the objectives and learning;</p> <p>At the end of course for final evaluation and certification of acquired skills.</p>	NA
Review and Assessment	The trainees will have an external expert support and the tools for self-assessing and reviewing	<ol style="list-style-type: none"> 1. Progress against the trainees' development goals 2. Trainees' achievements 3. Reviewing trainees' learning plan. 4. Reviewing trainees' personal development goals.
Equipment required	<ul style="list-style-type: none"> • A DVD player for Distance Courses • Computer, Internet, e-mail for E-learning (Online) Courses (at home or using the community resources) 	NA
Minimum requirements Trainers	<ul style="list-style-type: none"> • National Qualification according to each country. • Minimum experience in the health and social care sector (eg. 3 years) • Training qualification and training experience in the field. • Personal qualities or circumstances 	NA
Minimum requirements Target Group	<ul style="list-style-type: none"> • Being age 18 or older. • Having graduated from mandatory school. • Being an Italian citizen of a member of a European Union Country or having a regular permit of residence. • Not having been convicted of crimes in the past, or being under trial for crimes 	NA
Training of the trainers	Training will take place in person, distance, blended learning and on-line courses and will deal with developing the ability to transmit one's own	NA

	<p>experience, to organize and manage training courses and in particular:</p> <ul style="list-style-type: none"> • To project, plan, and program the training activities; • To set up, select and elaborate teaching materials; • To acquire competencies in class management, in setting teaching tools and didactic methods; • To set up evaluation procedure for the participants' skills; • Ability to design personalized training courses. 	
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<p>Recognized Certificate of Professional Qualification / Certificate of Competence</p>	<p>This issue depends on the country in which the course is validated.</p>	<p>In Spain this type of training cannot be accredited, due to the existence of a Qualification Path already well design by Labour and Educational authorities. At a local level it could be considered as a <i>plus</i> for people who want to work in the care sector at local or province level.</p>
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CATEGORY	DESCRIPTION
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<p>Training methodology</p>	<p>The method by which training is delivered has to be based on the needs of the trainees.</p> <hr/> <p>Distance/e-learning or blended training course, out of sync mode and communication with trainers/tutors takes place through telephone, e-mail and/or a fax machine for those who own one.</p> <hr/> <p style="text-align: center;">Training phases</p> <p>BEGINNING OF TRAINING</p> <ol style="list-style-type: none"> 1. Initial meeting to verify skills and make a preliminary assessment of the trainees competences entering the program; 2. Definition of a professional training plan establishing a personalized learning course; 3. Presentation of teaching material to trainees (FAD or DVDs) which are set up for the training and of the tutors to which they can refer; 4. Meeting the teachers and the tutors to which trainees can refer. <p>TRAINING</p> <ol style="list-style-type: none"> 5. Use of the materials indicated in training plan with the help of tutors in a class or long distance; 6. One or more meetings in person between the trainees and the tutor to
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monitor learning and check development;

EVALUATION

7. On-going, which can be managed at long distance by tutors or by the trainees themselves by means of an auto-evaluation;
8. Final evaluation in person with a set of tests to be performed to evaluate the skills that have been learned.

RECOGNITION

9. The accreditation of learning with public authorities for recognition of the continuous learning credit. Beginning of the training.

Training methods

- Lessons
- Case analyses
- Simulations
- Films/videos
- Practical exercises
- Internship or work-study

Methodology and evaluation tools

To define the methods to adopt to evaluate that the skills indicated by the didactic unit have been effectively achieved.

The following tools can be used:

- written test;
- interviews;
- practical test;
- case simulation;
- performance in simulation test.

The PRO DOMO project was presented by the Municipality of Parma to ISFOL – the National Agency of the European Programme Leonardo da Vinci - in February 2009.

The need to make a comparison at European level on the issue of informal caregivers was declared by the Municipality of Parma at the end of 2008, and led to the exchange of best practices with other European countries, with different customs and traditions but common needs.

The project was selected by the European Commission and funded in June 2009.

Since the start of the project, the Municipality of Parma, on the one hand, has focused on the research and comparison of best practices at European level and, on the other hand, has followed the directives of the Emilia - Romagna Region concerning the informal caregivers.

One of the most significant documents for the development of the training model for family assistants has been the Regional Committee Resolution n. 2375 of 2009 “ GUIDELINES FOR INNOVATION AND DEVELOPMENT OF UPDATING AND CONTACT ACTIVITIES FOR FAMILY ASSISTANTS. IMPLEMENTATION OF SUPPORTING ACTIVITIES”.

The resolution sets out the guidelines for training of family assistants. The comparison with the other European partners has revealed that training areas are quite homogeneous. The major difference essentially concerns the target audience.

The training course for family assistants outlined by the Municipality of Parma, Pro.Ges and CDS, follows strictly the Regional guidelines, to which further remarks have been added regarding relational dynamics and the need for family assistants to be considered as family members.

Training modules	Introduction to the course	<ol style="list-style-type: none"> 1. Aims and Objectives of the training model 2. How to use the training model to develop your knowledge. 3. How to use the learning materials. 4. Initial assessment of skills and qualifications. 5. Define your development goals. 6. Define your learning plan.
	Preparatory Unit language of the country and specific vocabulary in the care field.	<p>This unit is indispensable for immigrants.</p> <p>The general objective is to give the possibility of strengthening the linguistic and communication abilities by privileging learning of the specific glossary of the field of care work.</p> <p>Module 2. Inclusion in the context</p>
	Technical and Vocational skills	Module 3. Care and Assistance
	Personal and practical skills	Module 3. Care and Assistance
	Introduction to the course	<ol style="list-style-type: none"> 7. Aims and Objectives of the training model 8. How to use the training model to develop your knowledge. 9. How to use the learning materials. 10. Initial assessment of skills and qualifications. 11. Define your development goals. 12. Define your learning plan.

- As for the learning of the Italian language, this unit is an essential preliminary study. Italian language courses are adjusted according to the specific needs of workers involved. The general objective is to give the possibility of strengthening the linguistic and communication abilities by privileging learning of the specific glossary of the field of care work.
1. Language
 1. Social and institutional context (elements of "civic-mindedness education, organization of the state and social health system, the legislative and professional context, health care, customs and traditions) and dynamics of inclusion in the family unit;
 2. Inclusion in the context
 2. Social and work rules (the work role, rules of coexistence, rights, duties, opportunities, principles of professional ethics, rules on immigration, employment contract, security aspects, reconciling supply and demand, educational opportunities;)
 3. Everyday life with the elderly (the relationship with the family doctor, working with professionals, pharmacy, etc).
 3. Care and Assistance
 1. Relation and Communication (relational dynamics, management of conflict, respect and empowerment of the elderly, relational aspects (emotional support)
 2. Cognitive stimulation (learning how to interact daily to stimulate the attention, interest, memory, including games and recreational activities for the maintenance of spare capacity, leisure activities to promote social interaction)
 3. Mobility (knowledge and skills to assist the person in movements, elements of anatomy, mobilization techniques, risk prevention)
 4. Hygiene (personal hygiene, health and safety of environments)
 5. Nutrition (elements of diet science, assistance in preparing meals and in feeding and local food traditions)
 6. Dementia (symptoms and strategies of interaction)
 7. Security and emergency management

Module: 3. Care and Assistance
Didactic Unit: Relation and Communication

<p>Objective</p>	<p>To know how to relate to the assisted person and his/her family. The main objective of this module is to provide skills to effectively relate to the assisted person and his/her family and manage properly those situations that can create conflict and stress. At the end of the training course trainees should be able to manage face-face communication with the person and his/her family, ask for information, explain and agree on everyday care activities, manage all various communication functions (reassure, comfort, encourage, seek and obtain cooperation) through verbal and non verbal codes, know the social context and how to move within the territory.</p>
<p>Duration:</p>	<p>40 hours</p>
<p>Initial assessment of entry level skills</p>	<p>Self assessment of entry level skills</p> <p>Entry test Name _____ Surname _____ Date _____</p> <p>0 = I know nothing of it 50 = I know enough about the topic 100 = I know the topic very well</p> <p>How much do you think you know about the following topics?</p> <p>A – interpersonal communication ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- 0 30 50 70 100</p> <p>B – verbal communication ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- 0 30 50 70 100</p> <p>C – non verbal communication ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- 0 30 50 70 100</p> <p>D – active listening ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- 0 30 50 70 100</p> <p>E – problem solving ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- 0 30 50 70 100</p>

<p>Contents</p>	<ul style="list-style-type: none"> ✓ Communication strategies; ✓ Verbal and non verbal communication: identify implicit needs; ✓ Conflict management, analysis of elements that can create conflict, assertiveness as a useful tool to prevent stress and properly manage relationships; ✓ Cognitive stimulation; ✓ Space-time disorientation: what it is and what causes it (elements of geriatrics);
<p>Methodology</p>	<p>Sharing a common basic language, active lectures, case studies, discussions, videos</p>
<p>Assessment Test</p>	<p>The effectiveness and quality of learning will be checked by the trainer by observing the participants during classroom activities. The communication and methodologies which will be adopted by the trainer during the classroom activities will represent in itself an assessment tool.</p> <p>Learning situations such as case studies and led-group discussions will encourage the communication between trainees and trainer and allow feedback on the level of learning achieved.</p> <p>By these training procedures the trainer will be able to supervise the training process and measure the effectiveness and quality of training during all training period.</p> <p>Self-assessment tests will be scheduled.</p>

Training modules	Introduction to the course	<ol style="list-style-type: none"> 1. Aims and Objectives of the training model 2. How to use the training model to develop your knowledge. 3. How to use the learning materials. 4. Initial assessment of skills and qualifications. 5. Define your development goals. 6. Define your learning plan.
	Preparatory Unit language of the country and specific vocabulary in the care field.	<p>This unit is indispensable for immigrants.</p> <p>The general objective is to give the possibility of strengthening the linguistic and communication abilities by privileging learning of the specific glossary of the field of care work.</p>
	Technical and Vocational skills	Module 1. Mission and Concept of Care (Your self and the other)
		Module 2. Help elderly in every-day life arrangement (Caring Elderly)
Personal and practical skills	Module 3 – Caregiver as a Job (Communication, supporting and advising)	

Didactic Units	1. Mission and Concept of Care (Your self and the other)	<p>1.1 Basic principle of elderly-care theory (some briefly sociological concepts)</p> <p>1.2 Legal and institutional elderly care's framework</p> <p>1.3 Planning and evaluating Elderly-care actions (how to deal with the care process)</p> <p>1.4 Caring elderly (methodological and medical concepts about the care process)</p> <p>1.5 Guiding, advising and carrying on communication related with care actions (communication with the cared person but also with his/her family)</p> <p>1.6 Assisting and understanding medical diagnostic and medical therapy.</p>
	2. Help elderly in every-day life arrangement (Caring Elderly)	<p>2.1 Considering living as elderly and their social networks (some briefly sociological concepts)</p> <p>2.2 Helping elderly in maintaining their living environment (nutrition, managing the physical environment, etc.)</p> <p>2.3 Assisting elderly in every-day life activities and in self organising activities (free time as important activities, meeting other elderly, etc.)</p>
	3. Caregiver as a Job (Communication, supporting and advising)	<p>3.1 Developing a job-related self-concept (some briefly sociological and psychological concepts)</p> <p>3.2 Learning how to learn (how to study further, new learning technologies, etc.)</p> <p>3.3 Coping with cries and difficult social situation (tension in the relation elderly and carer; violence during the care process, etc.)</p> <p>3.4 Maintain Care giver own health (safety at work; preventing carer stress; etc.)</p>

Module: 3.3 Communication and language barriers
Didactic Unit: 3. Caregivers as a job

Objective	To give learners the possibility to experience the impact of language barriers in senior care situations.
Duration:	45 minutes
Initial assessment of entry level skills	-
Contents	Common experiences in language barriers' situations within senior care processes.
Methodology	In-class lecture. In small groups learners consider a short scene: A foreign elderly care nurse has to communicate with a person in need of care. They don't speak a common language. After acting the scenes, the group is asked to arrange a common reflection Important: Learners should work in small groups.
Assessment Test	-

Reflection: What kind of difficulties have arisen as a result of the fact, that a linguistic communication has not been possible?

What kind of feelings have been caused during the role play by this language barrier?

Source: Manual for a culture-sensitive training in elderly care (2005). Developed at the university of applied sciences of Hanover, financed by the Federal Ministry of Family Affairs, Senior, Citizens, Women and Youth.

Training modules	Introduction to the course	<ol style="list-style-type: none"> 1. Aims and Objectives of the training model 2. How to use the training model to develop your knowledge. 3. How to use the learning materials. 4. Initial assessment of skills and qualifications. 5. Define your development goals. 6. Define your learning plan.
	Preparatory Unit language of the country and specific vocabulary in the care field.	<p>This unit is indispensable for immigrants.</p> <p>The general objective is to give the possibility of strengthening the linguistic and communication abilities by privileging learning of the specific glossary of the field of care work.</p>
	Technical and Vocational skills	Module 1. Home Hygiene and Health Care
		<p>Module 2. Home Psyquical and Social Care</p> <p>Module 3. Domiciliary support and nutrition of the family</p>
Personal and practical skills		

Didactic Units	1. Home Hygiene and Health Care	<p>1.1. Characteristics and needs of hygiene and health care of people needed of care and support</p> <p>1.2. Managing food and medication of people cared for at home.</p> <p>1.3. At home improvement of the physical capacities and first aid for people needed of care.</p>
	2. Home Psychological and Social Care	<p>2.1 Home maintenance and psycho-social rehabilitation.</p> <p>2.2 Everyday care.</p> <p>2.3 Interrelation, communication and observation with the person cared of and his/her environment.</p>
	3. Domiciliary support and nutrition of the family	<p>3.1 Management, food shopping and cooking within the living unit.</p> <p>3.2 Maintenance, cleaning and organization of the house.</p>

EDUCATION PLAN FOR A FAMILY ASSISTANT TRAINING

Day 1:

1. Presentation of the program
2. Legislation (disabled persons and family assistants right and obligations)
 - acquisition of the regulations of the disabled persons and family assistants
 - identification of the disabled person's needs, correct response and communication
3. Building of a social network for a disabled person
4. Social case centre's representatives rights and duties as family assistants
5. Code of moral principles in social care services
6. Ensuring the right to appeal and object in social care services
7. General characteristics and individual necessities of a disabled person
8. Behaviour and communication between family assistant and a disabled person
9. Basic knowledge about medical care and social medicine.
10. Responsibilities and duties of a family assistant: accommodation, organisation of the living space, household duties, care and food;
11. Immediate help to a disabled person in social services tasks.

Day 2:

1. Course of action in the examples of deterioration of a health condition or with acute illnesses
2. Distinction between medical care and social care; Medical care is performed by the chosen personal doctor
3. Family assistant's participation in disabled person's integration in narrow and broad social networks
4. Knowledge and skill for enhancing a clients strength
5. Possibilities, purpose and meaning of disabled persons integration in cultural, educational, religious and other forms of activities
6. Acquainting with alternative forms of taking care of disabled persons
7. First-aid procedures in typical situations and strengthening of a users social skills
8. Formal and informal communication with a disabled person and overcoming stressful situations.
9. Form completion and certification of a seminar attendance.

Module: User's social integration
DIDACTIC UNIT

Objective	Handling user's wishes, recognizing capabilities, trained to motivate user in suitable activities. At the end of the educational process the candidate should be skilled in motivating user to maintain independence and self-care
Duration:	24 hours
Initial assessment of entry level skills	<p>Self assessment of entry level skills</p> <p>Entry test Name _____ Surname _____ Date _____</p> <p>0 = I know nothing of it 50 = I know enough about the topic 100 = I know the topic very well</p> <p>How much do you think you know about the following topics:</p> <p>A – about specific needs in older age ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- 0 30 50 70 100</p> <p>B – about different kinds of assistance for the elderly performed by non-government bodies (for example Red Cross) ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- 0 30 50 70 100</p> <p>C – about free-time activities organised at the user's home ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- 0 30 50 70 100</p> <p>D – about active listening ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- 0 30 50 70 100</p> <p>E – about verbal communication ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- 0 30 50 70 100</p>
Contents	<ul style="list-style-type: none"> • Encouraging user to retain self-sufficiency; • user integration (defining needs and activities planning) • assisting user in environmental integration • cooperation with organisation of free-time activities at the user's home (basics of a creative work)

	<ul style="list-style-type: none"> • socializing (reading, walking) • accompanying user (with urgent tasks, entering interest groups, cultural events or similar)
Methodology	Active lectures, case studies, discussions, videos
Assessment Test	All participants must present the course of action following the users wish to attend a cultural event (s. a. person on a wheelchair). They must also explain the meaning of encouraging self-sufficiency on a real example (s. a. changing clothes or washing disabled people); presents free-time activities; in a conversation with the user tries to expose users interests and consider users capabilities and wishes.

Training module	Introduction to the course	<ol style="list-style-type: none"> 1. Aims and Objectives of the training model 2. How to use the training model to develop your knowledge. 3. How to use the learning materials. 4. Initial assessment of skills and qualifications. 5. Define your development goals. 6. Define your learning plan.
	Specific skills in the care field.	<p>This unit is indispensable for unemployed people The general objective is to give the possibility of strengthening the professional and communication abilities by privileging learning of the specific skills of the field of care work.</p> <p>Module 1. The carer's role and the responsibilities</p>
	Technical and Vocational skills	
	Personal and practical skills	Module 3 – Personal improvement
Didactic Unit	<p>Module 1 The carer's role and responsibilities</p>	<ol style="list-style-type: none"> 1.1. Definition of the nursing and caring 1.2. The role of the carers in the prevention of the physical and emotional changes of the elderly 1.3. Legal and ethical aspect of the elderly care
	<p>Module 2 Support elderly in everyday life</p>	<ol style="list-style-type: none"> 2.1 Learning more about physical, mental and social functions of the elderly 2.2 Fulfilling the human needs (by Maslow Pyramid) 2.3 Maintaining Active Daily Life (ADL) 2.4 Assisting self-organized activities 2.5 Rehabilitation 2.6 Quality of nursing 2.7 Mobility and mobilization 2.8 Aid equipments and using them 2.9 Feeding/nutrition 2.10 Hygiene needs
	<p>Module 3 Personal improvement</p>	<ol style="list-style-type: none"> 3.1 Acquiring problem solving skills 3.2 Communication skills 3.3 Time-management 3.4 Decision-making techniques 3.5 Coping with loss 3.6 Life Long Learning (LLL)

Module 2. Support elderly in everyday life
DIDACTIC UNIT (Demo for validation)

Objective:	<p>To know how to relate to the assisted person and his/her family. The main objective of this module is to provide skills to effectively relate to the assisted person and his/her family and manage properly those situations that can be implemented from human needs. At the end of the training course trainees should be able to implement the basic human needs with the person and his/her family, ask for information, explain and show the nursing implementations in everyday care activities.</p>
Duration:	40 hours
Initial assessment:	<p>Self assessment of entry level skills Entry test Name _____ Surname _____ Date _____</p> <p>0 = I know nothing of it 50 = I know enough about the topic 100 = I know the topic very well How much do you think you know about the following topics?</p> <p>A – basic human needs ----- ----- ----- ----- ----- ----- ----- ----- ----- 0 30 50 70 100</p> <p>B – assisting/helping active daily life ----- ----- ----- ----- ----- ----- ----- ----- ----- 0 30 50 70 100</p> <p>C – rehabilitation methods ----- ----- ----- ----- ----- ----- ----- ----- ----- 0 30 50 70 100</p> <p>D – quality of nursing ----- ----- ----- ----- ----- ----- ----- ----- ----- 0 30 50 70 100</p>
Contents:	<ul style="list-style-type: none"> • Learning more about physical, mental and social functions of the elderly • Fulfilling the human needs (by Maslow Pyramid) • Maintaining Active Daily Life (ADL) • Assisting self-organized activities • Rehabilitation • Quality of nursing • Mobility and mobilization • Aid equipments and using them

	<ul style="list-style-type: none"> • Feeding/nutrition • Hygiene needs
Methodology:	<ul style="list-style-type: none"> • Lessons • Case analyses • Simulations • Films/videos • Practical exercises • Internship or work-study
Assessment Tests	<p>The effectiveness and quality of learning will be checked by the trainer by observing the participants during classroom activities. The basic human needs and nursing implementation will be adopted by the trainer during the classroom activities will represent in itself an assessment tool.</p> <p>Learning situations such as case studies and led-group practice will improve/develop the nursing skills and allow feedback on the level of learning achieved.</p> <p>By these training procedures the trainer will be able to supervise the training process and measure the effectiveness and quality of training during all training period.</p> <p>Self-assessment tests will be scheduled.</p>

Module 2 – The Caring Role
Didactic Unit: 2.1 - Everyday Care

2.1	Everyday Care
Aims	Identify the main /important tasks in everyday care of an individual
Learning objectives	To be able to identify what is a main / important task To understand why you need to prioritise tasks Why these tasks are important to the individual.
Content	Assistance in getting up in the morning and to bed at night or when resting. Personal care Toileting care
Assessment of skills taught	Prepare a daily care plan

Identify the main / important tasks in everyday care

Aims:

- This unit will help you to recognise the main / important tasks in everyday care

Learning Objectives:

NB Nutrition and Food Preparation is a separate unit

- To be able to identify what is a main / important task
- Be able to identify what are important everyday tasks:
- To understand why you need to prioritise tasks
- Why these tasks are important to the individual.

Content:

- Assistance in getting up in the morning and to get to bed at night or when needing to rest.
- Assistance with personal washing
- Assistance in using the bathroom

Teaching Strategies:

- Role play scenario of everyday caring situations
- Instruction identifying important tasks
- Interview video clip showing experienced carer to discuss how identified tasks are carried out
- Task to allow learner to discuss why it is important for an individual to have assistance in carrying out everyday tasks

Previous Knowledge:

- N/A

Resources:

- Computer
- DVDs
- Flip chart and pens

Assessment Criteria:

- Prepare a prioritised care plan for a typical day

Summary:

By using outlined teaching strategies and the knowledge of a professional to recap skills, learning outcomes can be measured and recognised.

Training modules	Introduction to the course	<ol style="list-style-type: none"> 1. Aims and Objectives of the training model 2. How to use the training model to develop your knowledge. 3. How to use the learning materials. 4. Initial assessment of skills and qualifications. 5. Define your development goals. 6. Define your learning plan.
	Preparatory Unit language of the country and specific vocabulary in the care field.	<p>This unit is indispensable for immigrants.</p> <p>The general objective is to give the possibility of strengthening the linguistic and communication abilities by privileging learning of the specific glossary of the field of care work.</p>
	Technical and Vocational skills	Module 1. The Caring Role
		Module 2. The Supporting Role
Personal and practical skills	Module 3 – Your Own Personal Development and Progression.	

Didactic Units	1. The Caring Role	<ul style="list-style-type: none"> 1.1. Everyday care – feeding, dressing, food preparation and hygiene etc 1.2. Safety matters and managing the physical environment – lifting and handling, accessibility etc 1.3. Managing medication 1.4. Dealing with emergencies 1.5. Nutrition and food hygiene 1.6. Maintaining mobility 1.7. Personal and continence care 1.8. Maintaining dignity 1.9. Managing difficult behaviour
	2. The Supporting Role	<ul style="list-style-type: none"> 2.1 Emotional support 2.2 Maintaining independence 2.3 Dealing with authority 2.4 Managing money 2.5 Accessing resources and services 2.6 Maintaining wellbeing
	3. Your Own Personal Development and Progression	<ul style="list-style-type: none"> 3.1 Understanding your own emotions as a Carer 3.2 Coping with loss 3.3 Communication skills 3.4 Time management 3.5 Balancing your role as a carer with your own needs 3.6 Understanding and managing changing family relationships 3.7 Identifying transferable skills 3.8 Future Choices