



## Work Package 4

### Standards of competences of the Caregiver (Occupational and validation standard)

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## The project I CARE and the present Document

**I CARE - Informal Competences Assessment and Recognition for Employment** is a project co-funded in the Lifelong Learning Leonardo da Vinci Programme Multilateral Projects of Transfer of Innovation (ToI) which runs for 2 years from October 2010 to September 2012.

The project is promoted by TECLA Association (Italy) and includes as partners the Provinces of Brescia, Campobasso and Pisa and the Sapienza University of Rome in Italy, the Employment Agency of the County of Bistrita-Nasaud in Romania, Cofora BV in The Netherlands) and the Institute of Education of the University of London in the United Kingdom.

The project aims at promoting procedures for the recognition and certification of competences acquired in non-formal and informal learning settings and for the transparency of qualifications, within common framework such as EQF and ECVET, and with specific reference to the profession of caregiving.

Basing on the results of the project "*TIPEIL - Transfer of an Innovative Portfolio to Evaluate Informal Learning*" (LLP – LDV 2007-2009), I CARE intends to:

- transferring to the Employment Services in the partner territories in Italy and Romania an innovative procedure for the recognition of non-formal and informal competences, based on the methodology of the digital portfolio and its supporting web based platform
- integrating such methodology into a Model for the assessment and certification of non-formal and informal competences of the caregiver. Such Model is developed on the basis of both an exchange of European best practices in recognition and accreditation of informal learning (coming specifically from The Netherlands and United Kingdom) and the procedures, instruments and method already in use in the Employment Services.

In order to develop the Model, the project I CARE foresees the development of the standards of competences of the caregiver, those competences acquired in non formal and informal learning settings. The present Document show the results of such work, presenting the identified standards of competences as well the stages and the methodological approach in their development.

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## 1. Introduction: standards of competences and quality of the assessment

In order to understand the key role that standards of competences play within a process for the validation and certification of competences, it is necessary to clarify the meaning of the terms “standards” and ‘summative evaluation” and the connections between standards and validation processes on one hand and the development of a national qualification system on the other hand.

A standard or referential can be defined as an expectation, obligation, requirement or norm expected. It is possible to distinguish between several types of standards:

- *educational standard* refers to the statements of learning objectives, content of curricula, entry requirements as well as resources required to meet the learning objectives;
- *occupational standard* refers to the statements of the activities and tasks related to – or to the knowledge, skills and understanding needed for – a specific job;
- *assessment and validation standard* refers to the statements of the learning outcomes to be assessed, the level of performance to be achieved by the individual assessed and the methodology used;
- *certification standard* refers to the statements of the rules applicable for obtaining a certificate or diploma as well as the rights conferred.

Assessment and validation standards are applied in the processes of summative evaluation, that is ‘processes of assessing (or evaluating) a learner’s achievement of specific knowledge, skills and competence at a particular time’<sup>1</sup>. Hence summative approaches to assessment and validation aim explicitly at the certification of learning outcomes and are linked to institutions and awarding bodies<sup>2</sup>.

*Formative assessment* is instead defined as ‘a two way reflective process between a teacher/assessor and learner to promote learning’<sup>1</sup>, and *formative approaches to assessment* do not aim for formal certification of learning outcomes, but provide feedback to the learning process or learning career. Formative assessment aims at providing a basis for personal or organisational improvement and fulfils an important role in several settings such as guidance and counselling and human resource management in enterprises.

Even though formative and summative assessment have both a role in validating learning in formal, non formal and informal settings, in validation leading to certification summative assessment is much more important. The process of summative assessment needs to take into consideration *national standards* and must be operable by *national qualifications awarding bodies*. As stated by Cedefop<sup>3</sup> ‘this implies that *use of summative approaches for validating non formal*

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<sup>1</sup> Annex 1, Glossary of terms, European guidelines for validating non formal and informal learning, CEDEFOP, Luxembourg: Office for Official Publications of the European Communities, 2009pp. 73-78

<sup>2</sup> Bodies authorised to award qualifications

<sup>3</sup> European guidelines for validating non formal and informal learning, CEDEFOP, Luxembourg: Office for Official Publications of the European Communities, 2009, pp. 29-34

*and informal learning needs to be strongly linked – or possibly integrated- into national qualifications systems.* This link can take many forms and rapid development of national qualifications frameworks may be seen as a development of particular importance. (..) By integrating validation of non formal or informal learning with the national qualifications system, the legal status, governance, stakeholder involvement and financing of the validation becomes more transparent. The *standards* on which the validation processes are based can also be the same and the result is unified certification of learning outcomes which does not concern itself with different routes to learning’.

To underline the importance of the standards in the processes for Validation and certification of competences, Cedefop underlines<sup>4</sup> that ‘Validation of non formal and informal learning is inconceivable without a clearly defined and agreed reference point. (...) While much attention has been paid to validation methodologies, relatively little has been paid to standards and how they influence the final results of the validation process’.

Standards influence validation practices in several ways. The impact of validation depends on how a standard is defined and interpreted: a standard that is too narrowly defined may not be able to accommodate relevant learning taking place outside ‘formal educational contexts’, in such a case standards may exclude validation.

Moreover standards influence the credibility of validation, because validation referring to visible standards defined and supported by the main, relevant stakeholders will greatly increase acceptance among users – individuals as well as employers – of these practices. In fact standards are a key factor in guaranteeing the overall credibility of validation of non formal and informal learning.

Again Cedefop stressed the fact that<sup>5</sup>: ‘An often heard argument against summative validation is that resulting qualifications are inferior in quality to those delivered by formal education and training. This is based on the assumption that the learning processes in question have not been controlled or overseen by any appropriate expert body. (...) Awarding a certificate based on learning outcomes acquired outside formal systems, therefore, relies heavily on assessment in relation to an agreed standard. (...) A particular danger occurs when validation is based on standards separate from those used in formal education and training, giving the impression that validation is inferior.

(..) Mainstreaming validation will normally require one set of standards used for formal, non formal and informal learning. Appropriate definition of standards can support development of validation for non-formal and informal learning. At the same, validation practice in these contexts may provide useful feedback for validation in formal systems.

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<sup>4</sup> European guidelines for validating non formal and informal learning, CEDEFOP, Luxembourg: Office for Official Publications of the European Communities, 2009, pp. 29-34

<sup>5</sup> European guidelines for validating non formal and informal learning, CEDEFOP, Luxembourg: Office for Official Publications of the European Communities, 2009, pp. 29-34

Another kind of standard that we want to analyse is the one that apply to the process of assessment, validation and certification of learning, instead of occupational and educational standards which are primarily concerned with the content (knowledge, skills and competence)

*Process based standards* are the following<sup>6</sup>:

- *assessment or evaluation standards* (such as criteria defining types of qualifications, syllabi for qualifications, assessor qualifications);
- *validation standards* (such as rules for methodologies, jury practice, availability of information, advice and guidance);
- *certification standards* (such as criteria for awarding a certificate, (legal) definition of who can make awards, regulation practice).

Process based standards are important in improving trust and developing currency of qualifications earned through informal or non formal learning but this requires that they are shared and agreed among relevant stakeholders, regularly reviewed and updated, clear and visible to all people interested in the validation and certification processes.

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<sup>6</sup> European guidelines for validating non formal and informal learning, CEDEFOP, Luxembourg: Office for Official Publications of the European Communities, 2009, pp. 29-34

## 2. The development of the standards of competences of the caregiver in the framework of the project I CARE

### 2.1 The stages of the development of the standards

The development of the standards of competences of the caregiver, and thus the identification of competence, knowledge and skills that the caregiver acquires in informal (for instance, while working or assisting his/her own parents) and non formal learning settings (training courses/seminars issuing qualifications/certificates not recognized by local, regional and/or national institutions), included the following stages.

1. Analysis of the standards of the caregiver developed by the Italian Regions involved in the project<sup>7</sup>:
  - Regional Framework of Occupational Standards of the Region of Lombardia
  - Regional Standard Classification of social and health-care professions of the Region of Molise - 1.01 LICY: personal care worker - under approval
  - Standard Classification of Occupations in Social and Healthcare Services of the Region Toscana
2. Analysis of the Romanian national occupational standards called COR list that was ratified by means of the mutual ordinance of the Minister of Labour, Family and Social Protection and of the president of the National Institute for Statistics nr.138/1949/1995. The standards taken into consideration are: n. 513301 Home caretaker for the elderly and n. 513304 Personal assistant for persons with severe disabilities
3. Analysis of the standards of competences formulated in the project “Care Talents” ([www.caretalents.it](http://www.caretalents.it)), funded by the LLP Leonardo da Vinci Projects in the years 2007-2009 (LLP-LDV/TOI/2007/IT/011), and which took into consideration the standards defined by the Italian Regions of Lazio and Emilia Romagna and in France
4. Matching of the various Standards taken into consideration, so as to identify the competences to include in the standards – firstly, the competences, skills and knowledge shared/included in all standards have been considered, producing a summary which included all the information provided; secondly, those competences, skills and knowledge included only in one/some of the standards have been considered/included/incorporated if useful to characterize the profession of caregiving.

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<sup>7</sup> In Italy, contrary to other European countries, standards of competences are defined at Regional level by each single of the 21 Italian Regions

5. During the research activities in Italy and Romania, aiming at both analyzing everyday activities carried out by the caregiver with the patient/client and the competences needed for the caregiving job, interviews to institutions responsible for the certification and organizations working with caregivers (including families) were carried out: among others, interviewees were asked a feedback on a series of proposed standards of competences of the caregiver (also specifying which ones were core and which additional in their opinion)
6. In December 2011, a first structured proposal of standards of competences of the caregiver was submitted to the Steering Committee of the project I CARE, management body made up of the Italian partners and actors involved in the field of assessment and certification of the competences, with focus on the caregiver (Regions, social bodies, etc.)
7. February 2012, a second proposal, including feedback from the Steering Committee, was submitted to ISFOL Italian Institute for Workers Training, public research organization on vocational training, employment and social policies, which leads the national work group on the validation and certification of competences
8. In February 2012, a final version of the standards of competences, including feedback from ISFOL, was produce

## 2.2 The methodological approach

The definition of competent subject, which has been shared and used with a view to developing the competence standards of the personal care worker in the I CARE project, refers to the historical-cultural theories and the theories of contextualized competence<sup>8</sup>. These latter theories consider the subject as actively involved in the activities performed, as well as a subject demonstrating he/she is able to properly use his/her skills to face the different tasks proposed to him/her while carrying out deliberate actions which reach effective and socially recognizable results.

Competence has been analyzed on the basis of the activities performed by the competent subject at first because it is thought that this is the viewpoint which should be adopted to validate competences, with a view to develop valuable and reliable evaluation tests and avoiding risking to define tests which assess aspects other than professional competence, such as reading and writing abilities<sup>9</sup>.

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<sup>8</sup> European guidelines for validating non formal and informal learning, CEDEFOP, Luxembourg: Office for Official Publications of the European Communities, 2009

<sup>9</sup> European guidelines for validating non formal and informal learning, CEDEFOP, Luxembourg: Office for Official Publications of the European Communities, 2009

Secondly, the concept of activity has already been used effectively in other studies and projects carried out in Italy: by ISFOL in the definition of Area of Activity or AdA<sup>10</sup>; by the Tuscany Region in its list/inventory of professions; and by the partners of the project 'Talenti di cura' which many local and national institutions consider a good practice; by the EBNA (Ente Bilaterale Nazionale dell'Artigianato) during the analysis of the training needs in the handicraft sector<sup>11</sup>.

Finally, the notion of 'activity' is a concept whose relevance and effectiveness has been highlighted in many International studies regarding professional competences and organizational learning, which have drawn inspiration from the activity theory developed by Leont'ev<sup>12</sup> and subsequently followed up by Engestrom<sup>13</sup>. Indeed, the activity theory enables us to describe professional competence in contextualized and not merely formal terms<sup>14</sup>.

In the framework of this approach the notion of contextualized competence proposes the following 'key concepts':

- *professional competence*: it is the systematic set of skills and knowledge of a subject enabling him/her to carry out complex professional activities, carried out in specific contexts, together with others, in ways shared with said subjects and for known purposes;
- *professional activity*: it must be considered in all the different aspects characterizing it, namely the historical one for the tools with which it is performed; the cultural one for the kind of deliverables it pursues and the needs it wishes to meet; the political and social one for the kind of social (and hierarchical) relations within which it is performed.

The professional activity is performed by means of a set of actions and operations carried out together with other subjects, as well as particular tools in specific historical and cultural contexts and for known and shared purposes;

- *actions*: processes conditional upon the activity 'guiding' the subjects who perform them to reach the goal set;
- *operations*: associated with the concrete conditions in which an action is carried out or the conditions of performance (tools and aspects of the context in which the operation is carried out).

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<sup>10</sup> Di Francesco 1998

<sup>11</sup> Ajello, Meghnagi, Cevoli, 2000; Ajello, 2002.

<sup>12</sup> Leont'ev, 1978

<sup>13</sup> Engestrom Y. 1990, 2000, 2005.

<sup>14</sup> Ajello, Meghnagi, Cevoli, 2000; Ajello, 2002; Ajello, Belardi 2007 and 2009

For the purposes of clarity, the definition that ISFOL has provided for Area of Activity or AdA, to which reference has already been made, regards a 'significant set of specific, homogeneous and integrated activities, designed to reach a result and identifiable within a specific process. The activities which, as a whole, fall within an AdA are homogeneous both in terms of procedures to be followed and results to be reached, and finally in terms of complexity of the skills and competences to be expressed' (1998).

The definition of Area of Activity used by ISFOL (and also by the Tuscany Region) and the definition of activity considered in the concept of contextualized competence – albeit not fully superimposable – share some similarities in the importance attached to the activities performed by the competent subject rather than to the competences considered formally, as well as the importance attached to the fact of being result/aim-oriented in the performance of actions/activities by the competent worker. This aspect is linked to the importance for the worker to be aware of the aims of his/her actions. In its turn, this calls into question the aspect of reflecting upon his/her actions as worker and be accountable for his/her actions vis-à-vis his/her own counterparts (accountability in the meaning of professional accountability).

The set of activities that a PCW must be able to perform effectively and deliberately during a pathway to validate competences, in view of obtaining their certification, is described in terms of activities and actions to perform, conditions to carry out the activities, which are underlined, and *aims of the activities*, which are specified in italics. This is an example of the set of activities that a competent PCW must perform: 'Assisting individuals who are partly self-sufficient or non self-sufficient (including patients with Alzheimer's disease and senile dementia) with the tasks of daily hygiene and dressing/undressing, taking into account their degree of self-sufficiency, constraint and privacy, *in order to put them at ease and meet their personal care needs*.

Subsequently, all the actions and operations that the PCW must be able to perform effectively and deliberately are identified. Also in this case, as is the case with the description of the whole set of activities, the conditions to perform actions and operations are underlined, while the *aim or goal* is specified in italics.

We have thus tried to describe – in a systematic and not simplistic way – the overall outcomes of the learning process that the person asking for the validation of his/her competences as PCW has followed in formal and informal learning contexts. In the Anglo-Saxon contexts these outcomes are known as 'Learning outcomes' (LOs)<sup>15</sup>. The LOs are the competence indicators that the assessors

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<sup>15</sup> The set of knowledge, skills and/or competences an individual has acquired and/or is able to demonstrate after completion of a learning process.

The term validation of learning outcomes is understood as: 'The confirmation by a competent body that learning outcomes (knowledge, skills and/or competences) acquired by an individual in a formal, non formal or informal setting have been assessed against predefined criteria and are compliant with the requirements of a validation standard. Validation typically leads to certification.'

shall consider during the different phases of the validation process (from the assessment of the tests and evidence included by the candidate in his/her validation dossier to the definition of the tests to which the candidate must be subjected during any final examination).

Given such methodological approach, it is clear that the standards of competences of the caregiver formulated in I CARE are, among the ones defined in Chapter 1 of this Document, assessment and validation standards in that they are used in the stages of identification, assessment and certification of the competences within the Model developed by the project.

Given that they result from the comparison among standard classification of occupations and specifically of the caregiver (Italian Regions), the standards of competences of the caregiver formulated in I CARE are moreover occupational standards; therefore they have the advantage of connecting the vocational training and the employment systems, which can thus have a shared vocabulary and assessing and selecting a caregiver with a shared assessment criteria. In this way, the project I CARE promotes the connection and integration of the validation and certification process with national qualification systems

As far as the specific competences are concerned, first of all they are distinguished between *core*, that is crucial in the caregiving profession, and *additional* (such as *Assisting patients during the progression of Amyotrophic Lateral Sclerosis ALS*), that is not necessary to the caregiver to carry out the profession. Such difference is needed because only the Region of Lombardy identifies both *Assisting patients with Alzheimer's disease and senile dementia* and *Assisting patients during the progression of Amyotrophic Lateral Sclerosis ALS* as crucial in the caregiving profession, while the remaining standard classification of occupations do not. Moreover, in the interviews carried out in the project I CARE, only a handful of interviewees considered *Assisting patients during the progression of Amyotrophic Lateral Sclerosis ALS* as a crucial competence while the majority of them counted only *Assisting patients with Alzheimer's disease and senile dementia* as a necessary competence given the high spread of such diseases.

Secondly, the competences are also distinguished between “transversal”, that is those common to all kinds of jobs, and “technical” ones, which are job-specific competences related to the profession of caregiving.

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Taken from Annex 1, Glossary of terms, European guidelines for validating non formal and informal learning, CEDEFOP, Luxembourg: Office for Official Publications of the European Communities, 2009, pp. 73-78

**The form used to describe the standards of competences of the caregiver.**

<b>Competence</b>	The name of the competence of the caregiver is included here, for instance: Assisting clients with personal hygiene and dressing/undressing
<b>Description of the activities to be performed</b>	<p>The activities that the caregiver has to prove to be able to effectively and consciously perform during the process for the validation of the competences are described here.</p> <p>For instance: Assisting individuals who are partly self-sufficient or non self-sufficient (including patients with Alzheimer's disease and senile dementia) with the tasks of daily hygiene and dressing/undressing, <u>taking into account their degree of self-sufficiency, constraint and privacy</u>, in order to put them at ease and meet their personal care needs.</p> <p>In the description, the characteristics of the setting in which the caregiver operates (referred to the client, room, other people, tools, etc.) are underlined while the aims of the activities are in Italic</p>
<b>Standard classifications of occupations referring to the caregiver</b>	<p>The standard classifications of occupations similar to the caregiver in Italy are described here:</p> <ul style="list-style-type: none"> <li>• ISTAT classification of intermediate professions: CP-91: 5.5.3.5, home-based personal care worker (personal support worker).</li> <li>• Italian Ministry of Labour classification system: 553502, home-based support worker; 553504, social worker providing several in-home support services.</li> <li>• ATECO classification system: O-93. 05 – Other in-home support services.</li> <li>• International Standard Classification of Occupations: ISCO-88 5133, home-based personal care workers.</li> </ul>
<b>Other standard classifications of occupations linked to the caregiver</b>	<p>The standards of competences taken into consideration, defined for the Italian partner territories and Romania, are describe here:</p> <ul style="list-style-type: none"> <li>• Regional Framework of Occupational Standards of the Region of Lombardia . Competence (name of the competence)</li> <li>• Regional Standard Classification of social and health-care professions of the Region of Molise - 1.01 LICY: personal care worker - under approval. Unit of Competence (name of the competence)</li> <li>• Standard Classification of Occupations in Social and Healthcare Services of the Region Toscana. Area of Activity AoA (name of the competence)</li> <li>• Regions of Lazio and Emilia Romagna as analysed in the "Care Talents" project. Competence (name of the competence)</li> <li>• Romanian National Occupational Standards (COR) 'Home caretaker for the elderly and children' V3 and n. 532203 'Personal assistant for persons with severe disabilities' V24. (Name of general or specific competence)</li> </ul>
<b>Type of competence</b>	<p><i>Core</i>: central and crucial in the caregiving professional  <i>Additional</i>: optional, not necessarily hold by the caregiver to perform the job  <i>Transversal</i>: common to all jobs</p>

	<i>Technical: job-specific to the caregiving profession</i>
<b>EQF Level of the competence (European Qualification Framework)</b>	<p>The competences of the caregiver within the standards of competences defined by the project I CARE correspond to Level 3 of EQF:</p> <ul style="list-style-type: none"> <li>• Knowledge of facts, principles, processes and general concepts, in a field of work or study</li> <li>• a range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information</li> <li>• take responsibility for completion of tasks in work or study; adapt own behavior to circumstances in solving problems</li> </ul>
<p><b>Competence indicators</b></p> <p><b>A competent personal care worker who assists individuals with their personal hygiene and dressing/undressing can perform the following tasks and actions effectively and deliberately:</b></p>	<p>The series of actions and operations that the caregiver has to prove to be able to effectively and intentionally perform are described here</p> <p>As in the case of the activities, the characteristics of the setting in which the caregiver operates (referred to the client, room, other people, tools, etc.) are underlined while the aims of the activities are in <i>Italic</i>.</p> <p>Also, the Learning outcomes (LO) are described, as competence indicators which assessors have to take into account during the assessment process, for instance in order to tell the candidate which evidences to include in his/her dossier or to formulate the test in the final exam. Some examples of indicators are:</p> <p>The caregiver who takes care of the hygiene and dressing/undressing of the client expertly and in a competent way, knows how to effectively and intentionally perform the following actions and operations:</p> <ul style="list-style-type: none"> <li>• Assisting clients with their personal hygiene tasks, <u>depending on their degree of ability, by using the products and tools required for partial and total personal hygiene in each different room (bedroom or bathroom), in order to support their well-being and self-esteem.</u></li> <li>• Adequately using safe techniques to support clients' mobility and ambulation, <u>depending on their degree of ability (techniques for lifting and transferring patients to stretchers and wheelchairs; techniques to support turning and positioning in bed, sitting on the bed, getting up from the bed, walking, sitting at the table, and so on), in order to avoid stressing your own spine or harming the client due to an improper use of those techniques.</u></li> <li>• Interacting with clients' families, doctors and nurses <u>in a professional and kind manner and speaking a sufficiently clear level of Italian, in order to inform them of any changes in clients' residual abilities and other aspects related to their health and well-being that you have learnt while supporting clients in their daily dressing/undressing and personal hygiene tasks.</u></li> </ul>

### **3.The standards of competences of the caregiver**

#### **1-4 Core and technical competences**

1. Assisting clients with personal hygiene and dressing/undressing
2. Assisting clients with preparing and consuming food and drink
3. Supporting in cleaning and tidying up rooms and furniture in the house
4. Providing support in the personal health care of individuals

#### **5 Core and transversal competence**

5. Building effective communication and relations with clients, their social network, and the medical/nursing staff

#### **6 Additional and technical competence**

Assisting patients suffering from Amyotrophic Lateral Sclerosis.

Required only by the Lombardia Region

<b>Competence</b>	<b>1. ASSISTING CLIENTS WITH PERSONAL HYGIENE AND DRESSING/UNDRESSING</b>
<b>Description of the tasks to be performed</b>	Assisting individuals who are partly self-sufficient or non self-sufficient (including patients with Alzheimer’s disease and senile dementia) with the tasks of daily hygiene and dressing/undressing, <u>taking into account their degree of self-sufficiency, constraint and privacy, in order to put them at ease and meet their personal care needs.</u>
<b>Standard classifications of occupations referring to this professional profile</b>	<p>ISTAT classification of intermediate professions: CP-91: 5.5.3.5, home-based personal care worker (personal support worker).</p> <p>Ministry of Labour classification system: 553502, home-based support worker; 553504, social worker providing several in-home support services.</p> <p>ATECO classification system: O-93. 05 – Other in-home support services.</p> <p>International Standard Classification of Occupations: ISCO-88 5133, home-based personal care workers.</p>
<b>Other standard classifications of occupations linked to this professional profile</b>	<p><i>ITALY</i></p> <p>Region of Lombardia - Regional Framework of Occupational Standards, Competence: providing care and support to non self-sufficient individuals, by recognising their needs as well as their mental and physical health condition; assisting patients during the progression of Alzheimer’s disease and senile dementia.</p> <p>Region of Molise - Regional Standard Classification of social and health-care professions, under approval, 1.01 LICY: personal care worker. Competence unit : “care and support”.</p> <p>Region of Toscana - Standard Classification of Occupations in Social and Healthcare Services: AoA ‘Personal care support, UCC 1191.</p> <p>Regions of Lazio and Emilia Romagna as defined in the “CARE TALENTS” Project: Competence 1. “Supporting individuals in their personal hygiene needs by respecting their personal routine and habits”.</p> <p><i>ROMANIA</i></p> <p>Romanian National Occupational Standards (COR) ‘Home caretaker for the elderly and children’ V3 and n. 532203 ‘Personal assistant for persons with severe disabilities’ V24.</p> <p><i>General competence:</i> Providing the hygienic-sanitary conditions</p> <p><i>Specific competences:</i></p>

	<p>Giving hygienic care for the assisted person  Mobilization and transport of the assisted elderly  Mobilization and transport of the assisted lying-down persons</p> <p>Providing comfort to the assisted elderly</p>
<b>Type of competence</b>	<p>Core</p> <p>Technical</p>
<b>EQF Level of the competence (European Qualification Framework)</b>	<p>Level 3</p> <ul style="list-style-type: none"> <li>• Knowledge of facts, principles, processes and general concepts, in a field of work or study</li> <li>• A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information</li> <li>• Take responsibility for completion of tasks in work or study; adapt own behavior to circumstances in solving problems</li> </ul>
<p><b>Competence indicators</b></p> <p>A competent personal care worker who assists individuals with their personal hygiene and dressing/undressing can perform the following tasks and actions effectively and deliberately:</p>	<p>1.1 Assist clients with their personal hygiene tasks, <u>depending on their degree of ability, by using the products and tools required for partial and total personal hygiene in each different room (bedroom or bathroom), in order to support their well-being and self-esteem.</u></p> <p>1.2 Assist clients with dressing/undressing, <u>depending on their degree of ability, by respecting and encouraging their self-reliance and by tailoring your style to their individual identity and the context in which they tend to live (bedroom, living-room, outdoor areas, weather conditions, and temperature), in order to support their well-being and self-esteem.</u></p> <p>1.3 Assist clients with routine bodily functions (toileting), <u>by respecting their constraint and privacy.</u></p> <p>1.4 Adequately use safe techniques to support clients' mobility and ambulation, <u>depending on their degree of ability (techniques for lifting and transferring patients to stretchers and wheelchairs; techniques to support turning and positioning in bed, sitting on the bed, getting up from the bed, walking, sitting at the table, and so on), in order to avoid stressing your own spine or harming the client due to an improper use of those techniques.</u></p> <p>1.5 Adequately use techniques to prevent physical injury, <i>in order to avoid any risks for yourself and the client due to an improper use of those techniques.</i></p>

	<p>1.6 Interact with clients <i>in order to empower them, overcome resistance, cope with conflicts, reassure them and obtain their cooperation while fully respecting their individual identity, constraint, and reserve.</i></p> <p>1.7 Interact with clients' families, doctors and nurses <u>in a professional and kind manner and speaking a sufficiently clear level of Italian, in order to inform them of any changes in clients' residual abilities and other aspects related to their health and well-being that you have learnt while supporting clients in their daily dressing/undressing and personal hygiene tasks.</u></p>
<b>SKILLS / ABILITIES</b>	<p>Using techniques to support non-self sufficient clients in their personal hygiene (adequate use of products and tools to attend to the patient's partial and total hygiene)</p> <p>Assisting individuals with dressing/undressing</p> <p>Using adequate techniques to assist individuals with routine bodily functions (toileting)</p> <p>Using adequate techniques to support clients' mobility and ambulation</p> <p>Knowing how to interact with clients</p> <p>Adequately using techniques for the prevention of occupational risks (physical injury and stress on the spine)</p>
<b>KNOWLEDGE</b>	<p>General knowledge of personal hygiene</p> <p>Tools and techniques to lift patients and transfer them to wheelchairs as well as the risks implied by an improper use of those techniques</p> <p>Techniques for correct position shifting</p> <p>Managing and encouraging residual abilities</p> <p>Dressing/undressing techniques</p> <p>Mental and physical features of people with different levels of self-sufficiency</p> <p>Basics of diseases and their symptoms</p> <p>Basics of communication and conflict management</p> <p>Communication techniques aimed at: reassuring, enhancing participation, encouraging food acceptance, obtaining cooperation</p> <p>Techniques to reassure, comfort, obtain cooperation, increase self-esteem</p> <p>Emotion management and listening skills</p> <p>Definition of the following concepts: physical, mental, and social needs, health, illness/distress, dependence in daily life activities</p> <p>Care-related ethical issues</p>

<b>Competence</b>	<b>2. ASSISTING CLIENTS WITH PREPARING AND CONSUMING FOOD AND DRINK</b>
<b>Description of the tasks to be performed</b>	Assisting individuals who are partly self-sufficient or non self-sufficient (including patients with Alzheimer’s disease and senile dementia) with preparing and consuming food and drink, <u>taking into account their degree of self-sufficiency, taste, nutritional and dietary requirements, and any other instructions provided by their families, while maintaining health and safety, in order to ensure that clients have healthy meals that meet their needs and preferences.</u>
<b>Standard classifications of occupations referring to this professional profile</b>	<p>ISTAT classification of intermediate professions: CP-91: 5.5.3.5, home-based personal care worker (personal support worker).</p> <p>Ministry of Labour classification system: 553502, home-based support worker; 553504, social worker providing several in-home support services.</p> <p>ATECO classification system: O-93. 05 – Other in-home support services.</p> <p>International Standard Classification of Occupations: ISCO-88 5133, home-based personal care workers.</p>
<b>Other standard classifications of occupations linked to this professional profile</b>	<p><i>ITALY</i></p> <p>Region of Lombardia - Regional Framework of Occupational Standards, Competence: providing care and support to non self-sufficient individuals, by recognising their needs as well as their mental and physical health condition; assisting patients during the progression of Alzheimer’s disease and senile dementia.</p> <p>Region of Molise - Regional Standard Classification of social and health-care professions, under approval, 1.01 LICY: personal care worker. Competence unit : “care and support”.</p> <p>Region of Toscana - Standard Classification of Occupations in Social and Healthcare Services: AoA ‘Personal care support, UCC 1191.</p> <p>Regions of Lazio and Emilia Romagna as defined in the “CARE TALENTS” Project: Competence 1. “Supporting individuals in their personal hygiene needs by respecting their personal routine and habits”.</p> <p><i>ROMANIA</i></p> <p>Romanian National Occupational Standards (COR) ‘Home caretaker for the elderly and children’ V3 and n. 532203 ‘Personal assistant for persons with severe disabilities’ V24.</p> <p><i>General competence:</i> Providing professional retraining + Handling of the allocated resources</p>

	<i>Specific competence: Assisting feeding and giving food</i>
<b>Type of competence</b>	Core Technical
<b>EQF Level of the competence (European Qualification Framework)</b>	Level 3 <ul style="list-style-type: none"> <li>• Knowledge of facts, principles, processes and general concepts, in a field of work or study</li> <li>• A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information</li> <li>• Take responsibility for completion of tasks in work or study; adapt own behavior to circumstances in solving problems</li> </ul>
<b>Competence indicators</b>  A competent personal care worker who assists individuals with their personal hygiene and dressing/undressing can perform the following tasks and actions effectively and deliberately:	<p>2.1 Support individuals in purchasing foodstuffs or purchase them on your own based on available (budget and equipment) resources and based on clients' cultural habits, taking into account their prescribed nutrition plans as well as any other instructions provided by their families, <i>in order to plan menus that are adequate for clients' individual needs and preferences as well as their families' expectations.</i></p> <p>2.2 When supporting individuals in selecting foodstuffs for their meals and when selecting them on your own, <u>comply precisely with the indications laid down in clients' nutrition plans (medical conditions and food allergies), take into account clients' likes and dislikes as well as the instructions provided by their families, <i>in order to plan balanced menus that are adequate for clients' individual needs and preferences.</i></u></p> <p>2.3 When assisting individuals to prepare food and when cooking, <u>comply with basic health and safety requirements and check that foodstuffs are properly stored and not out of date,</u> <i>in order to ensure that the meals being prepared are of adequate quality and prevent any food poisoning.</i></p> <p>2.4 When assisting individuals to prepare food and when cooking, process food <u>based on clients' ability to chew and swallow,</u> <i>in order to enable them to eat their meals without any difficulty.</i></p> <p>2.5 When assisting individuals to prepare food and when cooking, <u>use appropriate cooking techniques (frying, boiling, steaming, microwaving),</u> <i>in order to process food adequately.</i></p> <p>2.6 Before assisting clients with eating their meals or before feeding them, prepare them <u>taking into account their residual abilities and medical conditions (position them correctly, wash their hands, place a protective bib, and so on),</u> <i>in order to enable clients to have their meals without any difficulty.</i></p>

	<p>2.7 Before assisting clients with eating their meals or before feeding them, <u>take into account their specificities and medical conditions (liquid and/or solid dysphagia, lack of appetite, eagerly eating, food refusal)</u> in order to encourage them to drink and eat as established in their nutrition plans.</p> <p>2.8 Keep track of clients' food and drink intake <u>by monitoring their weight and diuresis</u>, in order to provide this information to their families and doctors.</p> <p>2.9 Comply with general standards on the use of electrical appliances and home safety and security, <u>taking into account the specifications laid down in the user's guides of the various household appliances as well as the instructions provided by the technicians in charge of their maintenance and by clients' families</u>, in order to prevent injury to yourself and your clients.</p> <p>2.10 When cooking and serving food, use relational styles that are <u>adequate to clients' specificities and medical conditions</u>, in order to reassure them, enhance their participation, encourage food acceptance, obtain their cooperation.</p> <p>2.11 Interact with clients' families, doctors and nurses <u>in a professional and kind manner and speaking a sufficiently clear level of Italian</u>, in order to inform them of any changes in clients' residual abilities and other aspects related to their health and well-being that you have learnt while supporting clients in preparing and having their meals.</p>
<b>SKILLS / ABILITIES</b>	<p>Being capable of purchasing foodstuffs based on available (budget and equipment) resources and based on individuals' cultural habits</p> <p>Use appropriate cooking techniques (frying, boiling, steaming, microwaving)</p> <p>Being capable of planning balanced menus</p> <p>Understanding the information on nutrition plans prescribed to clients</p> <p>Knowing how to select meals based on clients' specificities</p> <p>Knowing how to prepare individuals before eating their meals (positioning them correctly, washing their hands, placing a protective bib, and so on)</p> <p>Knowing how to encourage individuals to have enough food and drink</p> <p>Being capable of using several feeding techniques depending on each client's medical conditions</p> <p>Controlling and assisting individuals with feeding, by enhancing and encouraging their self-feeding abilities as much as possible</p> <p>Knowing how to keep a hold of food and drink intake (by watching weight and diuresis)</p> <p>Arrange space in a user-friendly manner while respecting individuals</p> <p>Comply with basic health and safety requirements in preparing and storing foodstuffs</p>

<b>KNOWLEDGE</b>	Fundamentals of dietetics: nutritional principles and dietary plans according to age and specific medical conditions Techniques and tools to support feeding among different types of clients: bedridden patients, confused patients, patients with hemiplegia, dementia, Parkinson's disease, Alzheimer's disease, etc. Basics of cooking and dietetics Preparation of different menus and types of Italian food Basics of residual ability management Use of home safety and security procedures General standards on the use of electrical appliances and home safety and security Communication techniques aimed at: reassuring, enhancing participation, encouraging food acceptance, obtaining cooperation
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<b>Competence</b>	<b>3. SUPPORTING IN CLEANING AND TIDYING UP ROOMS AND FURNITURE IN THE HOUSE</b>
<b>Description of the tasks to be performed</b>	Supporting clients (including patients with Alzheimer’s disease and senile dementia) in cleaning, sanitising, and tidying up rooms and the equipment/aids they use, <u>taking into account their degree of self-sufficiency as well as any instructions provided by their families and paying careful attention to safety and security for oneself and clients, in order for the latter to live in cosy, clean, safe, and well-organised environments.</u>
<b>Standard classifications of occupations referring to this professional profile</b>	<p>ISTAT classification of intermediate professions: CP-91: 5.5.3.5, home-based personal care worker (personal support worker).</p> <p>Ministry of Labour classification system: 553502, home-based support worker; 553504, social worker providing several in-home support services.</p> <p>ATECO classification system: O-93. 05 – Other in-home support services.</p> <p>International Standard Classification of Occupations: ISCO-88 5133, home-based personal care workers.</p>
<b>Other standard classifications of occupations linked to this professional profile</b>	<p><i>ITALY</i></p> <p>Region of Lombardia - Regional Framework of Occupational Standards, Competence: providing care and support to non self-sufficient individuals, by recognising their needs as well as their mental and physical health condition; assisting patients during the progression of Alzheimer’s disease and senile dementia.</p> <p>Region of Molise - Regional Standard Classification of social and health-care professions, under approval, 1.01 LICY: personal care worker. Competence unit : “care and support”.</p> <p>Region of Toscana - Standard Classification of Occupations in Social and Healthcare Services: AoA ‘Personal care support, UCC 1191.</p> <p>Regions of Lazio and Emilia Romagna as defined in the “CARE TALENTS” Project: Competence 1. “Supporting individuals in their personal hygiene needs by respecting their personal routine and habits”.</p> <p><i>ROMANIA</i></p> <p>Romanian National Occupational Standards (COR) ‘Home caretaker for the elderly and children’ V3 and n. 532203 ‘Personal assistant for persons with severe disabilities’ V24.</p> <p><i>General competences:</i></p> <p>Providing the hygienic-sanitary conditions</p> <p>Handling of the allocated resources</p> <p>Applying the Labour Protection Rules and Safety and Fire Extinguishing</p> <p><i>Specific competences :</i></p>

	Providing comfort to the assisted elderly (Providing a comfortable environment)
<b>Type of competence</b>	Core Technical
<b>EQF Level of the competence (European Qualification Framework)</b>	Level 3 <ul style="list-style-type: none"> <li>• Knowledge of facts, principles, processes and general concepts, in a field of work or study</li> <li>• A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information</li> <li>• Take responsibility for completion of tasks in work or study; adapt own behavior to circumstances in solving problems</li> </ul>
<b>Competence indicators</b>  A competent personal care worker who assists individuals with their personal hygiene and dressing/undressing can perform the following tasks and actions effectively and deliberately:	<p>3.1 Support individuals in cleaning and tidying up rooms and furniture or perform these tasks on your own (clean rooms, make beds, change linen, tidy out clients' personal belongings and wardrobes), <u>using the products and tools available in the house, taking into account their degree of self-sufficiency, their demands and needs, as well as any instructions provided by their families, in order to provide them with a proper and cosy living environment and to make rooms accessible and practical.</u></p> <p>3.2 Support individuals in cleaning and ironing clothes and linen or perform these tasks on your own, <u>following the specifications on labels, using the products and tools available in the house, taking into account clients' degree of self-sufficiency and their demands, as well as any instructions provided by their families, in order to prevent clothes from shrinking or being damaged.</u></p> <p>3.3 When using products and tools for the cleaning and sanitation of rooms and clothes, <i>behave in such a way as to prevent and minimise professional and working environment risks, following the instructions for use of products and tools as well as any instructions provided by clients' families.</i></p> <p>3.4 Use adequate products and tools <i>for the proper disinfection of medical devices and the basic maintenance of home health aids, taking into account the specifications laid down in the user's guides of the medical devices and aids, as well as any instructions provided by the technicians in charge of their maintenance and by clients' families.</i></p>
<b>SKILLS / ABILITIES</b>	<p>Knowing how to use products, tools, and methods for the proper disinfection and sterilisation of medical devices and the basic maintenance of home health aids</p> <p>Being capable of tidying up clients' living environments (making beds, changing linen, tidying out clients' personal belongings and wardrobes)</p> <p>Making rooms accessible and practical</p>

	Simple procedures for the prevention of home accidents Knowing how to wash and iron garments
<b>KNOWLEDGE</b>	Basics of environmental hygiene Products and tools for the cleaning and sanitation of rooms Products and tools for the sterilisation of medical devices and tools Infections, infectious diseases, and risk factors Home safety and prevention

<b>Competence</b>	<b>4. PROVIDING SUPPORT IN THE PERSONAL HEALTH CARE OF INDIVIDUALS</b>
<b>Description of the tasks to be performed</b>	Taking part in the personal health care of patients <u>with a proactive approach vis-à-vis their families as well as the medical and nursing staff who are caring for them, following the directions and instructions received, using the social and health-care services locally available and acting in a responsible manner within the scope of action of PCWs, in order to: provide clients (including patients with Alzheimer’s disease and senile dementia) with the care they need, monitor their general condition and inform their families, doctors and nurses of any changes in their mental and physical health and any significant occurrence.</u>
<b>Standard classifications of occupations referring to this professional profile</b>	<p>ISTAT classification of intermediate professions: CP-91: 5.5.3.5, home-based personal care worker (personal support worker).</p> <p>Ministry of Labour classification system: 553502, home-based support worker; 553504, social worker providing several in-home support services.</p> <p>ATECO classification system: O-93. 05 – Other in-home support services.</p> <p>International Standard Classification of Occupations: ISCO-88 5133, home-based personal care workers.</p>
<b>Other standard classifications of occupations linked to this professional profile</b>	<p><i>ITALY</i></p> <p>Region of Lombardia - Regional Framework of Occupational Standards, Competence: providing care and support to non self-sufficient individuals, by recognising their needs as well as their mental and physical health condition; assisting patients during the progression of Alzheimer’s disease and senile dementia.</p> <p>Region of Molise - Regional Standard Classification of social and health-care professions, under approval, 1.01 LICY: personal care worker. Competence unit : “care and support”.</p> <p>Region of Toscana - Standard Classification of Occupations in Social and Healthcare Services: AoA ‘Personal care support, UCC 1191.</p> <p>Regions of Lazio and Emilia Romagna as defined in the “CARE TALENTS” Project: Competence 1. “Supporting individuals in their personal hygiene needs by respecting their personal routine and habits”.</p> <p><i>ROMANIA</i></p> <p>Romanian National Occupational Standards (COR) ‘Home caretaker for the elderly and children’ V3 and n. 532203 ‘Personal assistant for persons with severe disabilities’ V24.</p> <p><i>Specific competences:</i></p>

	<p>Giving first aid to the assisted person  Respecting and applying the medical prescriptions  Supervising the health condition of the assisted person  Mobilization and transport of the assisted elderly  Mobilization and transport of the assisted lying-down persons  Basic competences: Communication at work</p>
<b>Type of competence</b>	<p>Core  Technical</p>
<b>EQF Level of the competence (European Qualification Framework)</b>	<p>Level 3</p> <ul style="list-style-type: none"> <li>• Knowledge of facts, principles, processes and general concepts, in a field of work or study</li> <li>• A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information</li> <li>• Take responsibility for completion of tasks in work or study; adapt own behavior to circumstances in solving problems</li> </ul>
<p><b>Competence indicators</b>  A competent personal care worker who assists individuals with their personal hygiene and dressing/undressing can perform the following tasks and actions effectively and deliberately:</p>	<p>4.1 Support individuals in correctly using simple medical devices, <u>following precisely the instructions given by the practitioners in charge of those procedures</u> (qualified nurses, rehabilitation therapists), <i>in order to ensure that clients' general health is constantly monitored.</i></p> <p>4.2 Support individuals in taking their drugs <u>as prescribed by doctors</u>; store drugs properly <u>as indicated on patient information slips</u>; check the efficacy of the drugs administered <u>based on the mental and physical condition of the patients who have taken them</u>, <i>in order to appropriately inform their families and/or the doctors in charge of prescriptions.</i></p> <p>4.3 <u>In case of long-term bedridden or immobilised patients</u>, observe their skin to identify any changes or recognise any signs of dehydration and inform their families as well as the medical and nursing staff of any significant occurrence, <i>in order to prevent bedsores.</i></p> <p>4.4 Perform basic health monitoring (such as measuring body temperature, performing blood glucose finger sticks, checking diuresis and defecation), <u>while respecting patients' constraint and privacy and following precisely the instructions given by their families and doctors/nurses</u>, <i>in order to ensure that clients' general health is constantly monitored.</i></p>

	<p>4.5 Participate in assessing clients' needs in their living environment, <u>according to their mental, physical and risk conditions</u>; discuss them with clients' families and the medical/nursing staff who are caring for them, <i>in order to tackle and meet those mental and physical needs more easily.</i></p> <p>4.6 Support clients during specialist examinations, <u>by describing their socio-medical situation clearly and accurately and by understanding specialists' instructions correctly</u>, <i>in order to: report those instructions to clients' families, explain them to clients themselves if they have any difficulty in understanding/hearing them properly, follow specialists' directions.</i></p> <p>4.7 Respond to emergency situations that may occur by helping clients <u>consciously and not impulsively, considering their mental/physical condition and their diseases, being aware of the scope and limits of action of a personal care worker as well as those of the medical and nursing staff</u>, by alerting emergency medical services and providing first aid only if you are perfectly trained, while awaiting the intervention of qualified professionals, <i>in order to safeguard clients' health.</i></p> <p>4.8 Participate in the functional rehabilitation of clients <u>following the instructions provided by their families and the medical/nursing staff, by using an approach that takes into account the mental/physical condition of clients and is respectful of the difficulties they may have</u>, <i>in order to encourage and preserve their mental and physical residual abilities.</i></p> <p>4.9 Co-operate with the various stakeholders (medical rehabilitation team, families, community services, etc.), <u>by communicating in a clear and respectful manner</u>, <i>in order to check the progress of health-care processes.</i></p> <p>4.10 Support clients in identifying and using the social and health-care services locally available, <u>following the instructions provided by clients' families and the medical/nursing staff who are caring for them and being informed of the places where service providers (municipal offices, health-care districts, National Social Welfare Institution, etc.) are located and the ways (including by using PC basic features) to find, fill in, and return such documents as recorded delivery letters or prescriptions</u>, <i>in order to help clients use social and health-care services more smoothly.</i></p>
<p><b>SKILLS / ABILITIES</b></p>	<p>Supporting clients in using social and health-care services  Knowing how to store drugs properly  Implementing procedures to support clients in taking their drugs as prescribed and using simple medical devices correctly  Checking the efficacy of any ongoing treatment and drug therapy  Being aware of the scope and limits of action of a personal care worker</p>

	<p>Co-operating with the various stakeholders (medical rehabilitation team, families, community services, etc.) in order to check the progress of health-care processes</p> <p>Knowing how to perform basic health-care monitoring</p> <p>Knowing how to prevent bedsores</p> <p>Participate in assessing clients' needs, responding to their rightful demands to be cared for and listened to</p> <p>Knowing how to assist clients with their specialist examinations</p> <p>Co-operating in encouraging and preserving clients' mental and physical residual abilities as well as in their functional rehabilitation</p> <p>Being capable of assessing the implications of immediate or short-term action rather than long-term monitoring</p> <p>Knowing how to alert emergency medical services</p> <p>Providing first aid while awaiting the intervention of qualified professionals</p>
<b>KNOWLEDGE</b>	<p>Having familiarity with and knowing how to use the main social and health-care services locally available</p> <p>Basics of the main diseases affecting the elderly and their evolution</p> <p>Infections, infectious diseases, and risk factors</p> <p>Risk conditions and the most common diseases among long-term bedridden and immobilised patients</p> <p>Management of residual abilities</p> <p>Definition of the following concepts: physical, mental, and social needs, health, illness/distress, dependence in daily life activities</p> <p>Communication patterns based on reference contexts, goals, and the specificities of interlocutors/target groups</p> <p>Medical prescriptions and procedures for the administration of drugs</p> <p>Responsibilities related to the care work and main rules of professional ethics</p>

<b>Competence</b>	<b>5. BUILDING EFFECTIVE COMMUNICATION AND RELATIONS WITH CLIENTS, THEIR SOCIAL NETWORK, AND THE MEDICAL/NURSING STAFF</b>
<b>Description of the tasks to be performed</b>	Maintaining adequate relations with clients (including patients with Alzheimer’s disease and senile dementia), their social networks, and the medical/nursing staff, <u>by behaving in compliance with the rules of professional ethics and recognising clients’ needs as well as their mental and physical condition</u> , <i>in order: to build a genuine relationship and warm atmosphere with clients, respond to their relational needs and support their process of reintegration into social and family life as well as the recovery and preservation of their personal identity.</i>
<b>Standard classifications of occupations referring to this professional profile</b>	<p>ISTAT classification of intermediate professions: CP-91: 5.5.3.5, home-based personal care worker (personal support worker).</p> <p>Ministry of Labour classification system: 553502, home-based support worker; 553504, social worker providing several in-home support services.</p> <p>ATECO classification system: O-93. 05 – Other in-home support services.</p> <p>International Standard Classification of Occupations: ISCO-88 5133, home-based personal care workers.</p>
<b>Other standard classifications of occupations linked to this professional profile</b>	<p><i>ITALY</i></p> <p>Region of Lombardia - Regional Framework of Occupational Standards, Competence: providing care and support to non self-sufficient individuals, by recognising their needs as well as their mental and physical health condition; assisting patients during the progression of Alzheimer’s disease and senile dementia.</p> <p>Region of Molise - Regional Standard Classification of social and health-care professions, under approval, 1.01 LICY: personal care worker. Competence unit : “care and support”.</p> <p>Region of Toscana - Standard Classification of Occupations in Social and Healthcare Services: AoA ‘Personal care support, UCC 1191.</p> <p>Regions of Lazio and Emilia Romagna as defined in the “CARE TALENTS” Project: Competence 1. “Supporting individuals in their personal hygiene needs by respecting their personal routine and habits”.</p> <p><i>ROMANIA</i></p> <p>Romanian National Occupational Standards (COR) ‘Home caretaker for the elderly and children’ V3 and n. 532203 ‘Personal assistant for persons with severe disabilities’ V24.</p> <p><i>General competences:</i> Communication at work</p> <p><i>Specific competences:</i> Providing comfort to the assisted elderly (Organizing leisure activities)</p>

<b>Type of competence</b>	Core Transversal
<b>EQF Level of the competence (European Qualification Framework)</b>	Level 3 <ul style="list-style-type: none"> <li>• Knowledge of facts, principles, processes and general concepts, in a field of work or study</li> <li>• A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information</li> <li>• Take responsibility for completion of tasks in work or study; adapt own behavior to circumstances in solving problems</li> </ul>
<b>Competence indicators</b> A competent personal care worker who assists individuals with their personal hygiene and dressing/undressing can perform the following tasks and actions effectively and deliberately:	5.1 Use several (verbal and non verbal) communication strategies that respond to clients' specificities and are adequate for the communication message and goal, <u>by observing and listening to clients, considering their opinions and any diseases they may suffer from (such as Alzheimer's disease or senile dementia), in order to build a genuine relationship and warm atmosphere with them.</u> 5.2 Use communication and integration strategies that are adequate for clients' psychological profiles <i>in order to handle any opposition or aggressiveness on their part, by acting in compliance with rules of conduct and professional ethics.</i> 5.3 Listen to the individuals you support (as well as to their narrative communication) and <i>respond to their implicit relational requests.</i> 5.4 Respond to clients' rightful demands to be cared for and listened to, <i>in order to assess and subsequently meet their relational needs and prevent their isolation.</i> 5.5 Undertake actions to promote individuals' self-sufficiency in their daily activities (simple occupational therapies) <i>thereby encouraging their self-esteem.</i> 5.6 Interact with the individuals you support on a daily basis <i>in such a way as to stimulate them and trigger their mnemonic skills.</i> 5.7 Support the individuals you assist on different socialisation occasions, <u>by helping and fostering their participation in socialisation initiatives also outside their living environment (parties, entertainment, events), in order to maintain their relational skills active and elicit their interest in the outside world, encourage their process of reintegration into social and family life as well as the recovery and preservation of their personal identity.</u>

	<p>5.8 Use adequate communication strategies vis-à-vis clients' families and their network of relatives <i>when accounting for your work and in order to agree on ways to intervene and manage complex situations (such as conflicts and oppositions on the part of clients) as well as to overcome any difficulties in the interaction with families.</i></p> <p>5.9 Listen to and understand families' requests <u>on a daily basis</u> and ask <u>all sorts of</u> information <i>to learn about any changes in the client's mental and physical condition.</i></p> <p>5.10 Use adequate communication strategies vis-à-vis the network of community services and other practitioners involved in the care of clients <i>when explaining and describing your professional tasks and in order to understand any changes in clients' general health.</i></p> <p>5.11 Run errands for clients (shopping for food and personal purchases, dealing with simple bureaucratic matters <u>including the filling out of documents and simple administrative forms, document filing and deadline management</u>), <u>within the scope of your competence, managing small sums of money on behalf of clients and/or at the request of their families, by following clients' instructions and preferences</u>, <i>in order to help them handle complex or laborious tasks, thereby building a relationship of reciprocal confidence and trustworthiness.</i></p> <p>5.12 Be able to recognise and cope with emotions arising from your relationship with clients as well as with the stress resulting from this relationship, <i>in order to prevent the burn-out that affects practitioners who deliver long-term care services to patients with dementia, Alzheimer's disease, and other psychological/psychiatric diseases.</i></p>
<p><b>SKILLS / ABILITIES</b></p>	<p>Using several communication strategies depending on clients' specificities as well as on the message and goal of communication</p> <p>Maintaining confidentiality in your practice, by respecting the fundamental rights and requirements of individuals who suffer from diseases and physical/mental/social distress</p> <p>Understanding the requests of individuals and their families</p> <p>Participating in the assessment of clients' needs</p> <p>Establishing appropriate relations with clients' families</p> <p>Using simple cognitive stimulation techniques</p> <p>Undertaking actions to promote individuals' self-sufficiency in their daily activities (simple occupational therapies) thereby encouraging their self-esteem</p> <p>Supporting individuals on different socialisation occasions also outside their living environment (parties, entertainment, events), in order to maintain their relational skills active and elicit their interest in the outside world</p> <p>Listening to individuals as well as to their narrative communication</p> <p>Interacting with individuals in such a way as to stimulate them and trigger their mnemonic skills</p>

	<p>Coping with one's emotions</p> <p>Coping with stress</p>
<b>KNOWLEDGE</b>	<p>Care-related ethical issues</p> <p>Main cultural and recreational services available locally and ways to use them</p> <p>Basics of communication as a social process</p> <p>Communication patterns based on reference contexts, goals, and the specificities of interlocutors/target groups (colleagues, users, families, clients)</p> <p>Coping with emotions</p> <p>Techniques to reassure, comfort, obtain cooperation, increase self-esteem</p> <p>Basics of listening techniques</p> <p>Rudiments of adult psychology</p>

<b>Competence</b>	<b>6. ASSISTING PATIENTS DURING THE PROGRESSION OF AMYOTROPHIC LATERAL SCLEROSIS (ALS)</b>
<b>Description of the tasks to be performed</b>	Assisting ALS patients with their daily activities (personal hygiene, dressing/undressing, nutrition, ambulation, administration of drugs, rehabilitation treatment), <u>monitoring their general health and taking into account their specificities and their mental/physical needs, interacting with them while being respectful of their condition, in order to meet their requirements and provide them with the care they need.</u>
<b>Standard classifications of occupations referring to this professional profile</b>	<p>ISTAT classification of intermediate professions: CP-91: 5.5.3.5, home-based personal care worker (personal support worker).</p> <p>Ministry of Labour classification system: 553502, home-based support worker; 553504, social worker providing several in-home support services.</p> <p>ATECO classification system: O-93. 05 – Other in-home support services.</p> <p>International Standard Classification of Occupations: ISCO-88 5133, home-based personal care workers.</p>
<b>Other standard classifications of occupations linked to this professional profile</b>	Region of Lombardia - Regional Framework of Occupational Standards, Competence: providing care and support to non self-sufficient individuals, by recognising their needs as well as their mental and physical health condition; assisting patients during the progression of Alzheimer's disease and senile dementia.
<b>Type of competence</b>	Additional Technical
<b>EQF Level of the competence (European Qualification Framework)</b>	<p>Level 3</p> <ul style="list-style-type: none"> <li>• Knowledge of facts, principles, processes and general concepts, in a field of work or study</li> <li>• A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information</li> <li>• Take responsibility for completion of tasks in work or study; adapt own behavior to circumstances in solving problems</li> </ul>
<b>Competence indicators</b>  A competent personal care worker who assists individuals with their	<p>6.1 Assist patients with their personal hygiene tasks, <u>depending on their condition, by using the products and tools required for partial and total personal hygiene in each different room (bedroom or bathroom), in order to support their well-being and self-esteem.</u></p> <p>6.2 Assist patients with dressing/undressing, <u>depending on their condition, by tailoring your style to their individual identity and the context in which they tend to live (bedroom, living-room, outdoor areas, weather conditions, and</u></p>

personal hygiene and dressing/undressing can perform the following tasks and actions effectively and deliberately:

- temperature), *in order to support their well-being and self-esteem.*
- 6.3 Assist patients with routine bodily functions (toileting), by respecting their constraint and privacy.
- 6.4 Adequately use safe techniques to support clients' mobility and ambulation, depending on their condition (techniques for lifting and transferring patients to stretchers and wheelchairs; techniques to support turning and positioning in bed, sitting on the bed, getting up from the bed, walking, sitting at the table, and so on), in order to avoid stressing your own spine or harming the client due to an improper use of those techniques.
- 6.5 Adequately use techniques to prevent physical injury, *in order to avoid any risks for yourself and the client due to an improper use of those techniques.*
- 6.6 Interact with clients *in order to overcome resistance, cope with conflicts, reassure them and obtain their cooperation while fully respecting their individual identity, constraint, and reserve.*
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- 6.7 In selecting foodstuffs for meals, comply precisely with the indications laid down in clients' nutrition plans, take into account clients' likes and dislikes as well as the instructions provided by their families, in order to plan balanced menus that are adequate for clients' individual needs and preferences.
- 6.8 When cooking, comply with basic health and safety requirements and check that foodstuffs are properly stored and not out of date, in order to ensure that the meals being prepared are of adequate quality and prevent any food poisoning.
- 6.9 When cooking, process food based on clients' ability to chew and swallow, in order to enable them to eat their meals without any difficulty.
- 6.10 When preparing meals, use appropriate cooking techniques (frying, boiling, steaming, microwaving), in order to process food adequately.
- 6.11 Before feeding clients, prepare them taking into account their residual abilities (position them correctly, wash their hands, place a protective bib, and so on), in order to enable clients to have their meals without any difficulty.
- 6.12 Before feeding clients, take into account their specificities and medical conditions (liquid and/or solid dysphagia,

lack of appetite, eagerly eating, food refusal) in order to encourage them to drink and eat as established in their nutrition plans.

6.13 Keep track of clients' food and drink intake by monitoring their weight and diuresis, in order to provide this information to their families and doctors.

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6.14 Perform basic health monitoring (measure body temperature, perform blood glucose finger sticks, check diuresis and defecation, take blood pressure, monitor oxygen saturation), while respecting patients' constraint and privacy and following precisely the instructions given by their families and doctors/nurses, in order to ensure that clients' general health is constantly monitored.

6.15 Use medical devices and aids, following precisely the instructions given by the practitioners in charge of those procedures (qualified nurses, rehabilitation therapists), in order to ensure that clients' general health is constantly monitored.

6.16 Use adequate products and tools for the proper disinfection of medical devices and the basic maintenance of home health aids, taking into account the specifications laid down in the user's guides of the medical devices and aids, as well as any instructions provided by the technicians in charge of their maintenance and by clients' families.

6.17 Support individuals in taking their drugs as prescribed by doctors; store drugs properly as indicated on patient information slips; check the efficacy of the drugs administered based on the mental and physical condition of the patients who have taken them, in order to appropriately inform their families and/or the doctors in charge of prescriptions.

6.18 Observe patients' skin to identify any changes or recognise any signs of dehydration and inform their families as well as the medical and nursing staff of any significant occurrence, in order to prevent and treat skin lesions like bedsores.

6.19 Participate in assessing clients' needs in their living environment, according to their mental/physical condition and the progression of the disease; discuss them with clients' families and the medical/nursing staff who are caring for them, in order to tackle and meet those mental and physical needs more easily.

6.20 Support clients during specialist examinations, by describing their socio-medical situation clearly and accurately

	<p><u>and by understanding specialists' instructions correctly, in order to: report those instructions to clients' families and follow specialists' directions.</u></p> <p>6.21 Respond to emergency situations that may occur by helping clients <u>consciously and not impulsively, considering their mental/physical condition and their diseases, being aware of a personal care worker's duties, scope and limits of action as well as those of the medical and nursing staff</u>, by alerting emergency medical services and/or providing first aid while awaiting the intervention of qualified professionals, <i>in order to safeguard clients' health</i></p> <p>-----</p> <p>6.22 Use communication techniques that are specifically adequate for ALS patients, <i>in order to communicate effectively on a daily basis and build a genuine relationship and warm atmosphere with the person you support.</i></p> <p>6.23 Use several (verbal and non verbal) communication strategies that respond to clients' specificities and are adequate for the communication message and goal, vis-à-vis the network of community services and other practitioners involved in the care of clients <i>when explaining and describing your professional tasks and in order to understand any changes in clients' general health.</i></p> <p>6.24 Use several (verbal and non verbal) communication strategies that respond to clients' specificities and are adequate for the communication message and goal, vis-à-vis clients' families and their network of relatives <i>when accounting for your work and in order to agree on ways to intervene and manage complex situations as well as to overcome any difficulties in the interaction with families.</i></p> <p>6.25 Be able to recognise and cope with emotions arising from your relationship with clients as well as with the stress resulting from this relationship, <i>in order to prevent the burn-out that affects practitioners who deliver long-term care services to SLA patients.</i></p>
<b>SKILLS / ABILITIES</b>	<ul style="list-style-type: none"> <li>Using personal hygiene techniques</li> <li>Using techniques to support turning/positioning and correct body posture in bed</li> <li>Using techniques to help patients have their meals</li> <li>Monitoring patients</li> <li>Assessing which home health aids are useful and necessary</li> <li>Using techniques to support patients in routine bodily functions (toileting)</li> <li>Using support technology to manage patients at home and control their living environment</li> <li>Responding to emergency situations that may occur while awaiting the intervention of emergency medical services</li> </ul>

	<p>Acting within the scope of a personal care worker's duties</p> <p>Using techniques to support communication</p>
<b>KNOWLEDGE</b>	<p>Basics of ALS and its progression</p> <p>Ethical and regulatory issues related to the work with ALS patients</p> <p>Monitoring of parameters (temperature, blood pressure, oxygen saturation)</p> <p>Wheelchair seating and positioning and correct body posture in bed</p> <p>Prevention and treatment of skin lesions</p> <p>Use of home health aids</p> <p>Personal hygiene</p> <p>Health-care legal framework with reference to PCWs' duties</p> <p>Specific communication techniques for ALS patients</p>

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