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WP3

Definition of a framework of competence for the professional Home Care Worker*

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* The term Home Care Worker replaces the term Social Care Provider used in the project proposal

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Introduction

The UPCARING project aims to define an integrated and comprehensive model for improving and promoting access to LLL on the part of low skilled and migrant people working in the social care sector throughout Europe.

This includes defining a framework of competence for the specific job profile of the social care provider, specifically addressing the elderly, which is linked to the EQF and ECVET, identifying an e-learning scheme model, a validation/certification system of prior learning and a system to improve the Demand and Supply matching.

The model should hence include assessment and diagnostic tools on the one side, propose and test appropriate use of ICTs for the specific purposes of the project on the other, outline useful toolkits for the main categories of actors involved and, finally, suggest policy recommendations.

The WP3 has the main objective of defining the framework of competences of the **Home Care Worker** (as per the operational definition adopted in the Edinburgh meeting instead of the initial one of “professional care service provider”), which can be recognised and utilised at the European level and that is linked to the EQF and the ECVET.

Based on the “Review of European Models of Validation/Certification of Competences, E-learning and Demand/Supply Matching Systems for Professional Care Service Providers” carried out as part of the WP2, and the relevant amount of information collected, related to 9 regional/national cases¹, it was evident that there are quite different cultural and legal scenarios in Europe. Some of the national curricula collected, such as the Scottish or the French one, are quite cross cutting, containing competences common to most jobs, whereas the Italian ones, for instance, go more into details but contain competences which may be relevant in the home care sector but not characterising of the profession per se (such as, for instance, cooking or house cleaning).

As also acknowledged during discussions held in the second project meeting, this leads to necessarily draw a framework that is as much comprehensive as possible so to allow both, on the one hand, the possibility for a clear recognition and identification of the profile of the Home Care Worker (HCW) and, on the other, the possibility to adjust it to the single national profiles.

The framework, hence aims to outline the general architecture of the European HCW through which national profiles can be confronted and detected.

In fact, **five mains uses of the framework** are proposed here, which were kept in mind when drafting the framework, which are:

- 1) Assessing each HCW against the framework

¹ Greece, France, Lithuania, Netherlands, Spain, Scotland, Apulia, Emilia-Romagna, Tuscany.

- 2) Diagnosis of existing and missing competences
- 3) Professional development, planning for improvement
- 4) Competence recognition (recognising learning outcomes of experience)
- 5) Training / learning opportunity design / developing training opportunities

The proposed framework architecture is based on **four main macro areas of competences** and a fifth transversal one.

These four macro areas are considered those which really define, if all present at the same time, the professional figure of the HCW. To be more precise, and as it will be explained in the text below, the macro competences can be 3 or 4 according to what certification requirements each national context may urge (this making the profile swing between EQF level 3 and 4).

Other competences will be also included in the framework but are not strictly defined given that they are, in a way, more accessorial to the core ones: they will be listed and described more as a suggestion and a proposal and not absolutely in a determining way.

As planned by the project proposal, this proposed framework will lead, jointly with the partner in charge of the eLearning scheme design, to the production of the so called "accompanying documents" describing the conditions for 'accessing' the different learning outcomes units (which will be described in terms of technical and methodological pre-requisites, that learners need to have) and will outline necessary tools for the single unit validation such as ad hoc assessment grids and guidelines.

1. THE UPCARING MACRO AREAS OF COMPETENCES

Within the information collected, special reference was made to the French case of the professional standards (*referentiels professionnels*) of the “Auxiliaire de vie sociale”, as they seemed to best fit the main evidences arising from the different national and regional curricula of the targeted job profile.

As a matter of fact, France is the country where an important federation (FEPEM – *Fédération des Particuliers Employeurs de France*) has been engaging and investigating deeply over the last decades in the field of social care, mostly for the elders, and has contributed to refining criteria and standards that can define the professional figures required by the social labour market in its country. This does not however underestimate the contribution that other Nordic countries have brought to the matter too.

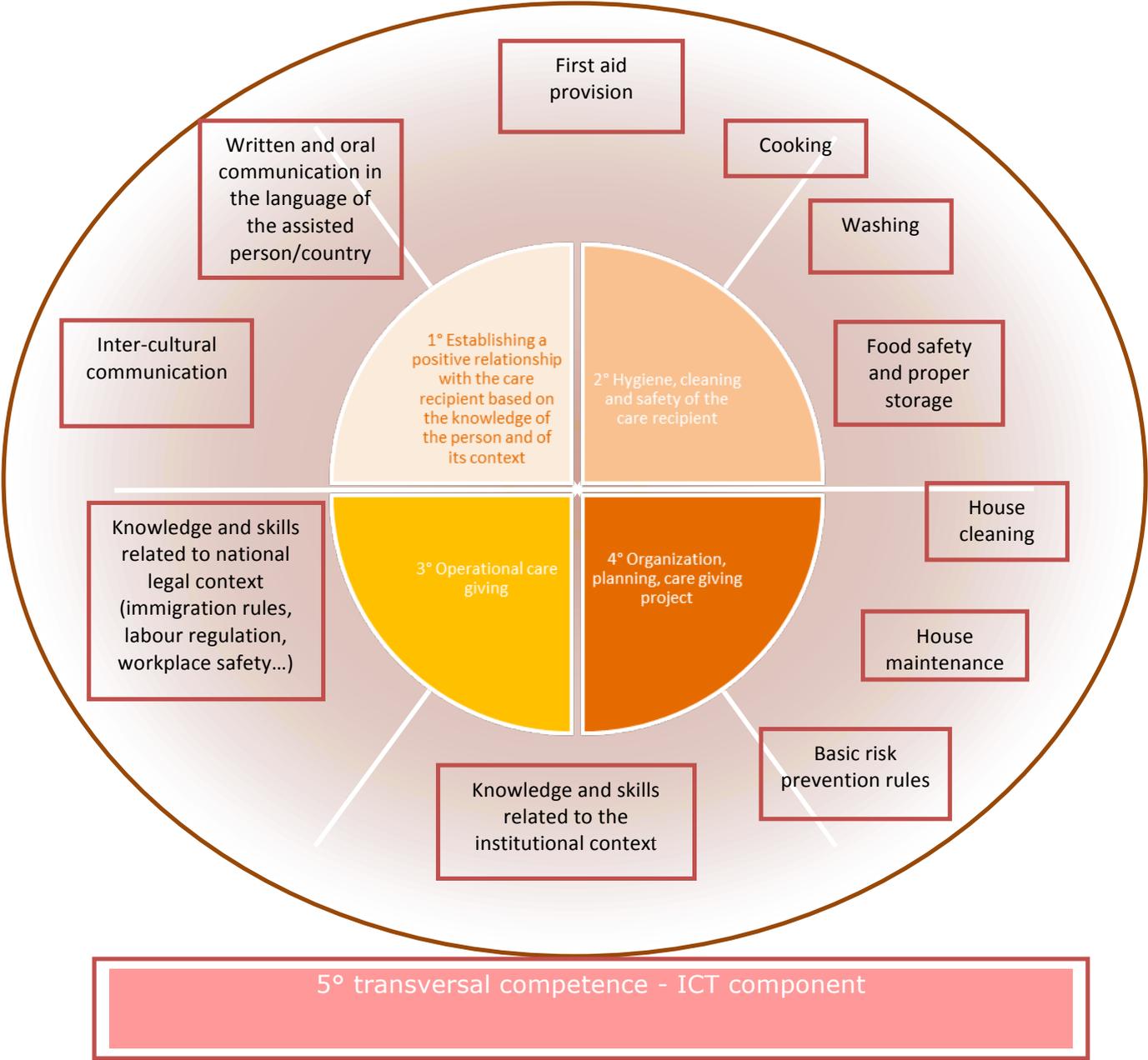
However, the present framework is based and encompasses all the other national cases.

The 4 main macro areas of competences that have been highlighted and are proposed here are the following:

1. **Relationship and Communication** (establishing a positive relationship with the person being cared for).
2. **Cleanliness and personal care** (hygiene and safety of the person being cared for and of his/her environment).
3. **Caregiving** (operational care-giving activities and techniques).
4. **Care planning** (collaboration with GP’s and local health and welfare services for planning and day-to-day management of the health of the person being cared for).

The **5th transversal competence is the ICT component** which implies the capacity of the HCW to handle basic electronic devices which mainly allow the access to the internet, browsing for information, using online training platforms, opening/reading a CD, DVD or other electronic/computing resources (including smart telephones and the like).

The distinction between the macro areas of competences and the additional competences can be visualised in the following way, where at the core stand the main 4 and around a variable number of competences which can and need to be further explored:



According to the Upcaring proposal, then, if a profile covers the main four areas at the centre of the figure, it can be defined a European professional HCW. According to national requirements, side groups of competences (those in the external circle) can be added that further specify the profile.

In all cases, the ICT component is also a requirement, cross cutting all profiles, as it guarantees the minimum access to and fruition of eLearning resources.

The side groups of competences will be here outlined and listed in an indicative way: it would be useless to detail them in depth here as they already refer to other specific professional or work areas.

The aim of this proposed framework is in fact to reach a minimum standard level that identify this professional profile.

The following sections present the description of the core competences and of the side competences of the Home Care Worker identified through the collation of existing competence frameworks at European level.

1.1. Core competences and competence description

Macro area of competence	Competence Units	Activities
1°: Establishing a positive relationship with the care recipient based on the knowledge of the person and of the context (family-wise, in cultural and institutional terms, etc. This area provides a ground against which the other competences have to be deployed)		
	1.1 Understand and contextualise the assisted person in his/her different stages of personal development	
		1.1.1 recognizing the different stages of life of a person
		1.1.2 taking into consideration the different stages of life of a person and its implications
		1.1.3 treating and interacting with the person accordingly to the age and stage in life
	1.2 Understand and contextualise the assisted person in his/her social and cultural context	
		1.2.1 taking into consideration the cultural identity of the person, the style of life, the past experiences and the history of a person
		1.2.2 taking into consideration the different cultural context in which a person lives or has been living
		1.2.3 acting with respect of the socio and cultural context of the person
		1.2.4 facilitating the person in maintaining contact with his/her socio - cultural context
		1.2.5 encouraging participation of the person to the social and cultural life
	1.3 Understand and learn about the impact of pathologies, disabilities and difficulties in the care recipient's everyday life.	
		1.3.1 getting informed about the health conditions of the assisted person and its implications on the assistance to be provided to the person
		1.3.2 observing and detecting changes in the person related to the pathologies affecting him/her
		1.3.3 acting preventing the worsening of the specific health conditions
	1.4 Behave empathetically and communicate accordingly with the care recipient and with his/her family.	
		1.4.1 endorsing positive and respectful attitude towards the assisted person in consideration of the specific health conditions, disabilities and difficulties
		1.4.2 being flexible and adjusting work schedule when sudden and unforeseen needs arise to assist the person
		1.4.3 negotiating empathetically and politely with the care recipient and/or his/her family
2°: Hygiene, cleaning and safety of the care recipient (taking care of all		

those tasks closely linked to the care of the individual in his/her more immediate needs)		
	2.1 Recognise basic needs of everyday life such as eating properly, taking care of the personal hygiene, living in a neat and proper environment, not being exposed to risks for the health	
		2.1.1 recognizing the presence or lack of basic personal hygiene suitable for the assisted person
		2.1.2 recognizing the presence or lack of basic domestic hygiene suitable for the assisted person
		2.1.3 recognizing sources of risk for the safety of the assisted person
3°: Operational care giving (performing operational tasks such as accompanying the person, using mechanic equipment for elders, giving meals and medicines, etc.)		
	3.1 accompanying the person in the basic daily movements, indoor and outdoor	
		3.1.1 assisting the person in walking around the house
		3.1.2 taking the person out for a walk
		3.1.3 assisting the person in sitting and using the wheel chair or other types of devices in support to mobility
	3.2 providing prescribed meals and drugs at due times and intervals	
		3.2.1 respecting the schedule for giving medicines
		3.2.2 helping the person to take the medicines
		3.2.3 cooking basic healthy meals suitable for the assisted person
		3.2.4 monitoring eating schedule of the person and recognizing macro risks related to the diet in relation to the assisted person's conditions
	3.3 ensuring appropriate environmental conditions	
		3.3.1 regulating right temperature in the house that is suitable for the assisted person (especially based with the seasonal changes)
		3.3.2 making sure there is regular air exchange
		3.3.3 regulating exposition of the person to climatic factors in a suitable manner for the assisted person
4°: Organization, planning, care giving project (acting consistently to a given care project, performing in coordination and in liaison with family, institutions, doctors and other actors, etc.)		
	4.1 liaising with main actors concerned	
		4.1.1 liaising with doctors in charge and/or other health personnel
		4.1.2 liaising with the family or the institution taking care of the person
		4.1.3 coordinating with different services providers (cleaners, meals provider, nurses, therapists...)

		4.1.4 monitoring basic health parameters and general health status in order to alert responsible people if needed
	4.2 understanding a given care project set by institutions in charge and family	
		4.2.1 acting consistently with the Plan, being able to highlight risks and problems and suggesting solutions
		4.2.2 facilitating smooth implementation of the Plan avoiding taking personal initiative without consulting with the people in charge.
	4.3 helping the person in planning medical checks/exams	
		4.3.1 in coordination with responsible actors (doctors, family members) assisting the person to plan and reserve medical checks
		4.3.2 assisting the person in undergoing the medical checks (accompanying them to the health structures if necessary, helping them with the bureaucratic aspects, making sure results are collected, etc.)

It is also important to underline that the Home Care Worker should develop **awareness of the rights and responsibilities** connected to his/her profession in terms of the human rights of the care receiver² and his/her own rights³ and behave accordingly. This principle permeates the whole competence framework in that respect of people's rights in home care applies to all activities and behaviours described in the framework.

² *Charter of fundamental rights of the European Union*, art. 1 "Human dignity", art. 25 "Rights of the elderly", art. 26 "Integration of people with disabilities" - <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0389:0403:en:PDF>

European Charter of the rights and responsibilities of older people in need of long-term care and assistance, art.1 "Right to dignity, physical and mental well-being, freedom and security", art.2 "Right to self-determination", art. 3 "Right to privacy", art.4 "Right to quality and tailored care", art. 5 "Right to personalised information, advice and informed consent", art. 6 "Right to continued communication, participation in society and cultural activity", art. 7 "Right to freedom of expression and freedom of thought/conscience: beliefs, culture and religion", art.8 "Right to palliative care and support, and respect and dignity on dying and in death", art 9. "Right to redress".

<https://ia801802.us.archive.org/25/items/EuropeanCharterOfTheRightsAndResponsibilitiesOfOlderPeople/EuropeanCharterOfTheRightsAndResponsibilitiesOfOlderPeople.pdf>

³ *Charter of fundamental rights of the European Union*, art. 21 "Non-discrimination", art. 22 "Cultural, religious and linguistic diversity", art. 23 "Equality between women and men", art. 34 "Social security and social assistance", art. 35 "Health care" - <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0389:0403:en:PDF>

European Charter of the rights and responsibilities of older people in need of long-term care and assistance, art.10.1 "Respect the rights and needs of other people living and working within your environment and respect the general interests of the community in which you live; your rights and freedoms should be only limited by the need to respect similar rights of other members of the community", art. 10.2 "Respect the rights of carers and staff to be treated with civility and work in an environment free from harassment and abuse". <https://ia801802.us.archive.org/25/items/EuropeanCharterOfTheRightsAndResponsibilitiesOfOlderPeople/EuropeanCharterOfTheRightsAndResponsibilitiesOfOlderPeople.pdf>

1.2 Side competences and competence description

These are items which do not characterise the HCW profile *per se* but could .

Side competences	Competence Units	Activities
Cooking		
	Cook meals according to personal needs	
		cooking according to personal, cultural and care project requirements
		Fetching and buying adequate items
		Storing food properly
		Safe handling of food
		Safe basic cooking
		Preparing food according to dietary indications
House cleaning		
	Identify house cleaning needs, carry cleaning out with no inconvenience for care recipient's safety and daily activities	
		Fetching and buying adequate items for different tasks of cleaning
		Safely handling of chemical materials
		Safely handling of electrical devices
		Basic environmental security
		Basic hygiene rules implementation
House maintenance or house maintenance needs detection		
	Identify house maintenance needs, carry it out with no inconvenience for care recipient's safety and daily activities	
		Monitoring and basic repair of the electrical plant
		Monitoring and basic repair of the water system
		Monitoring and basic repair of the heating
		Monitoring and basic repair of the air conditioning system, if present
		Recognizing when specific technical assistance is needed
		Observing changes in the structure of the house and alerting the people in charge (cracks in the wall or in the floor, plaster peeling, modification of the sockets..)
		Observing changes in the everyday life electrical and mechanical devices that may cause injures (food processors, hair dryers, fans...)

Socio-psychological competences		
	Understand care recipient's psycho-social needs	
		Recognizing sudden, unusual or unjustified mood and behavioral changes in the client
		Maintaining a friendly relation with the client
		Acting in a polite way with the client
		Interacting in a constructive, encouraging and never demeaning way with the client
		Solving conflicts with the support of neutral mediators
Legal context Awareness		
	Awareness of existing rights and duties of worker and of care recipient	
		Obtaining information about changes in the national policy and local rules regarding work permits, labour legislation etc.
		Basic civic education and knowledge of the country in which one is operating
		Accessing the legal sources when necessary
		Knowing which are the institutional actors concerned with the specific area of work