

Programma di
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IDECO

Improving transparency for Department Coordinators in long term care facilities

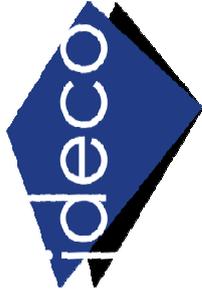
SWOT analysis

Research objects:

To define the organizational role of the "intermediate" management of whom operates in the long term care facilities for elderly people. This professional profile is generally defined as "department coordinator" "coordinatore di nucleo";

To analyze the contest, in particular in the target regions, analyzing possible critical issues deriving from model application and outlining possible inconsistencies.

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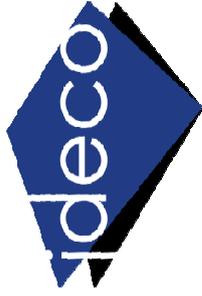
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SWOT analysis: main differences in terms of anilities, training pathways, contractualization framework, possible critical issues, opportunities for the application of the model

Following the implemented analyses, partners individuated different elements of risks related to the real possibility to implement the model in the target regions as for example contracting rules, professional profile tasks, titles to have in order to do the profession and different level in the organisation chart:

- In Italy the **DURATION** of training pathways to reach the qualification are very different: from a minimum of 40 to a maximum of 400 hours;
- The **REQUIREMENTS** for the participation in the courses are also inconsistent: in many cases having a previous qualification in the welfare field is explicitly required (ADB or OSS) but the majority of the courses require just a professional experience in the sector;
- The only case in which a vocational qualification recognized is issued is **EMILIA ROMAGNA REGION**, which has regulated the role and the accreditation process. In the other cases a certificates of attendance is issued;
- In **TRENTINO** the target professional profile is present in almost all institutes. It is also officially recognized and regulated with a specific contract;

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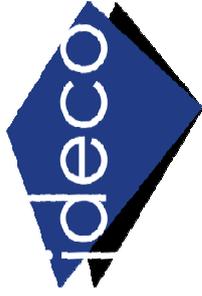
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- In **TOSCANY** the situation is very different. In general the professional profile is not present in the structures. Nay, it is not officially recognized with a specific contract or organization chart but its functions are developed directly by structures management or by some operators without a specific recognition;
- In **ROMANIA** professional profile is an high profile with a specific degree. Otherwise, the specific competences seem not so different from those of coordinators department in Italy;
- In **FRANCE** and in **GERMANY**, the qualification of nurse is necessary to be a coordinator but to become a nurse, there is not a specific degree as in Italy;

In the target areas, the differences related to the contractual and legislative frameworks are the most **WEAKNESSES** for a transferability of the model because they could make it complex, making longer the transferability process and difficult the signature of the ECVET agreements.

As far as the **STRENGTHENSES** is concerned, the elements that make the model interesting and potentially applicable are certainly the awareness and recognition at all level that the system needs a specific regularization in terms of contracts and responsibilities assigned to this fundamental professional profile.

In 80s and 90s, the conception of the role of residential institutions for the elderly was related to the administration of health-care and rehabilitation. Today, the emphasis is instead on a less institutional setting service forcing residential structures to respond to the



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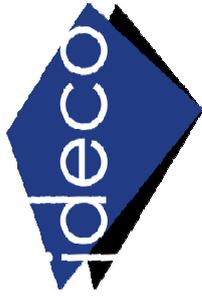
growing expectations of the users in terms of a greater management capacity and services more flexible, able to respond effectively to individual needs. To face the changes, the training of human resources entrusted with the management is certainly the most effective way but for key workers such as department coordinators programming educational plans consistent with their duties is extremely difficult.

Another **STRENGTH** is certainly the representativeness of involved partners. As previously indicated, the structures associated with ARET are 54 (36 RSA, 9 Residenza Sociali Assistite, 7 Centri Residenziali, 2 Comunità Alloggio) and those associated to UIIPA are 64 (52 RSA, 1 RSAO, 11 structures with protected flats), equal to the 60% of the territory. Another important element is the experience of the partners in the sector: Lead Partner of IDECO project has a great experience in consultants and trainings activities in the social health sector in Italy obtained elaborating a specific certification for life quality of the residents in long term care facilities and helping many organisations to achieve the regional accreditations finding in all regions in which it has operated similar problems related to the professional profile. Anziani e Non Solo developed its own methodology for the training called ASPASIA and it has already coordinating a Leonardo project called "Talenti di Cura". That project aims at developing a tool for the validation of informal competences achieved by workers in the health sector.

The **OPPORTUNITIES** to implement and make workable and sustainable the model are related to the necessities to improve the whole system. Project idea does not come from previous experiences but since a juridical recognition of department coordinator professional profile and so from a consequent training pathway recognized by German legislation. The transfer will not be based on studies and/or manuals, but on the example of a training programme and mandatory legal documents that will provide a useful example to Italy and Romania and other countries on how to evolve their blocked judicial situation. The transfer of the German good

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practice is interesting from two points of view: the first is the regulatory framework, with the official recognition of the profession profile and the second is related to the methodological approach, the declination of the training in units for the attainment of professional qualification.

The aging population in Europe necessarily requires an improvement of the services for elderly people. In this prospective, improving the quality of the management of the institutes is a crucial aspect. This need is equally necessary in the countries with a high level of wellness and in those that are rapidly developing as for example Rumania. In the countries with a high level of industrialization and services more developed, the percentage of elderly people is increasing and so it is necessary to enhance structures efficiency in order to answer the rising demands. Another added value will be the purpose to build the model starting from the actual knowledge of department coordinators translating their experience in ECVET units.

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