“CARE FOR YOU- IMPROVING SOFT SKILLS OF SENIOR’S CAREGIVERS”

PROJECT

COLLECTION OF BEST PRACTICES

INTRODUCTION

The extension of human life, as a result of the progress of civilisation, has resulted in an increase in the number of elderly people in need of care and support. By 2040, the numer of older adults will be at least 1.3 bilion. It is critical societal and health concern that health profesionals and senior carer are prepared to deliver care (Touchy T.A, 2022). The care and support of elderly patients requires caregivers to have not only high technical skills, but also soft skills.

This course is part of the Erasmus+ project “Care for you- improving soft skills of senior’s caregivers”, implemented by a consortium of five partners from Italy, Portugal, Slovenia and Poland. The main purpose of this IO 1 publication was to collect and widely disseminate information on several key areas in the profession of caregiver for older people in UE. The document contains information on: what is the profession of a caregiver for seniors, what is the role of caregiver especially in today's aging society, what soft skills should a person working in this profession have and how the education of caregivers of seniors in different EU countries is going.

SUMMARY

This publication offers organisations and professionals working with seniors the possibility to improve their soft skills with methods developed at the European level. An array of educational instruments and initiatives are presented to underline the potential of transferring models and good practices across local communities.

The IO1 publication consists of 3 chapters, an introduction and a summary.

First chapter contains general information about who is the senior caregiver, what is his/her role, why such a profession is very important nowadays, what educational paths are offered for seniors' caregivers in different UE countries, and why people working in such profession need to have well developed soft skills. 2nd chapter starts with list of soft skills needed in the profession of seniors' caregiver. 3rd chapter is dedicated to collection of good practices in the area of using non-standard tools and methods of training soft skills of seniors' caregivers in all EU countries. Content of 1st chapter was based on substantive work of experts and literature review. This chapter consists of the following parts: General information about the profession of senior's caregiver (main responsibilities, importance, scale of demand for caregivers), and general information the education for caregivers (in the EU countries), advantages and disadvantages of working as a senior caregiver. The content of the second chapter was primarily based on desk research - the experts searched for materials containing research results on the competences that are most needed in the senior care profession. Based on the analysis of the available data, the experts identified ten main competences needed in the senior care profession. These competences were perceived as needed and valuable both from the perspective of seniors and from the perspective of those training senior caregivers. The soft competences were described in more detail with information on why they are so important and how the competence can be used when working with seniors. First step - all experts searched for the 10 main soft skills needed in the senior care profession in EU countries. The experts met and compared the results of their work and together selected the 10 most important competences. The last chapter - the third one - contains information about good practices UE countries in soft skills improvement. In addition, it aims to develop modern and effective educational models that will enable those working with older people to improve their ongoing professional development, particularly their soft skills.

1. What is the role of senior’s caregivers?

1.1 Most common definitions of the profession of senior’s caregivers

Aging is one of the biggest social and economic challenges that the European Union and countries that belong to this organization are facing and will be facing in the future. Over 20 % of the EU-27 population is at least 65 years old (EUROSTAT). The number of older people with unmet care and support needs is increasing substantially due to the challenges facing the formal and informal care system in several countries in Europe (Abdi, S. et al, 2019) or around the world (Mendes et al., 2019).

This is why the need for qualified senior caregivers is significant today and will be an emerging issue in the future.

Definition of senior caregiver is really broad and includes a myriad of services that can be provided. In a nutshell it is a person who cares for the health and well-being of someone who needs help with daily tasks and activities. We can also distinguish two groups of senior caregivers, formal and informal caregivers but for the sake of this project we will focus on the first group.

The European Commission introduced the ESCO Classification of occupations in order to standardize terminology across Europe and help integrate the European labor market. According to its classification senior caregiver also referred as home-based personal care worker falls under the 5322 code. Official definition is as follows:

Home-based personal care workers provide routine personal care and assistance with activities of daily living to persons who are in need of such care due to effects of aging, illness, injury, or other physical or mental conditions, in private homes and other independent residential settings[1].

Above definition further list tasks of senior caregiver, such as:

- assisting clients with personal and therapeutic care,
- maintaining records of client care,
- helping clients with physical mobility challenges,
- providing clients and families with emotional support and many more.

To understand the care and support needs of older people, focusing on those living at home with chronic conditions, a scoping review conducted, highlighted that older adult faced a range of physical, social and psychological challenges due to living with chronic conditions and required care and support in three main areas: 1) social activities and relationships; 2) psychological health; and 3) activities related to mobility, self-care and domestic life. The review also highlighted that many older people demonstrated a desire to cope with their illness and maintain independence, however, environmental factors interfered with these efforts including: 1) lack of professional advice on self-care strategies; 2) poor communication and coordination of services; and 3) lack of information on

services such as care pathways. A gap in the knowledge was also identified about the care and support needs of two groups within the older population: 1) older workers; and 2) older carers. The importance of developing care models and support services based around the needs of older people was also enfathatised (Abdi, S. et al, 2019).

The seniors are people who experience multiple transitions, sometimes generating suffering and illness and that healthy or unhealthy, throughout their lives, have equal value and dignity, being crucial to protect their rights and pay particular attention to their vulnerabilities (Nunes & Cerqueira, 2017). The caregiver is the one who offers physical and psychological support, in addition to providing practical help, when necessary (Lemos, Gazzola and Ramos, 2006, in Cassalles, Schroeder, 2012). Is a person who takes care of another person, who, due to their situation of greater vulnerability, depends on others. It can be a family member (informal caregiver) or a paid professional (formal caregiver).

Families are not always able to respond to all needs of the elderly, requiring competent professionals, capable of promoting their health and well-being.

In the understanding that the caregiver is the person who offers assistance to meet the functional, temporary or permanent disability (Borghi et al. 2011, Cassales and Schroeder, 2012), formal caregiver (e.g. the focus of this work project) is the individual with a specific preparation for the performance of this role, and they are integrated in the scope of a professional activity, which includes the activities inherent to the content of the work exercise, according to specific skills.

These comprise a diversity of paid professionals working in hospitals, nursing homes, community institutions, etc.

Given the above, it is extremely relevant to train professionals to provide care for seniors, whenever possible, in their homes and in the community.

However, some authors pointed the precariousness of the labor and professional relationships of the caregivers, for instance in his study, Figueiredo et al., (2019) showed that only 07 (26%) formal caregivers devoted themselves exclusively to caring for the seniors, while 17 (62.9%) cared for the dependent seniors and performed other domestic activities, and 03 (11.1%) helped in some household activities. Simultaneously, the care challenges experienced by formal caregivers of the dependent senior, are numerous, considering that care demands are permanent, repetitive, increasing and varied, resulting from the expansion of frailties and physical and emotional losses. Practically, all women (over 92% of the participants in this study) experience exhausting working hours, which are not rewarded and remunerated by families.

The care provided to the dependent seniors requires several activities, from the simplest to the most complex, varying according to their surrounding conditions.

Finally, another point identified was the low schooling and specific professional qualification registered among 20 (74%) formal caregivers, which corresponds, in addition to the precariousness in the professionalization of these caregivers, to the fragility of the formal bond, because 18 (66.6%) participants were remunerated without a labor relationship, without registration in the working book, with the obvious absence of social security rights and guarantees of the caregivers.

It is important to note that the above definition does not include people who work in medical and health care facilities that have permanent medical or nursing supervision or people who are professional nurses, such occupations fall under different ESCO codes.

Each country has its own regulations that define an educational path which allows individuals to become professional caregivers. In Ireland you need to obtain FETAC/QQI Level 5 qualification or an

equivalent healthcare qualification. QQI training needs to be completed under supervision of a QQI accredited training provider. In addition, each individual who would like to apply for a home care assistant vacancy needs to undergo Garda Vetting which is performed by the National Vetting Bureau in order to see if such a person does not have a criminal record (www.beindependenthomecare.ie/how-to-become-a-care-assistant-in-ireland/).

In France an individual can practice caregiving if he or she obtained the State Nursing Assistant Diploma (DEAS), the Certificate of Fitness for Caregiver or the Professional Nursing Diploma. In other cases an individual needs to obtain a state diploma that usually takes 10 months to complete required training. This course is open for everybody who does not have any qualifications, has at least 17 years of age and passed the entrance competition test. There is also an option to obtain a state diploma by proving his/her experience in caregiving. VAE (validation of experience) is a process where an individual has to provide evidence that he or she gained required qualification during his or her previous work experience (www.guichet-qualifications.fr/en/dqp/healthcare/unlicensed-assistive-personnel.html).

In Poland an individual who would like to work in a caregiving field has a variety of educational paths. In order to work in public facilities, she or he needs to graduate from post-secondary school in the field of social care or hold a degree in a related field such as nursing or physiotherapy. He or she might also complete a course for the caregiver of elderly people in the National Medical Institute which is recognized by the employment office. In addition there are multiple caregiving agencies which employ people without any specific experience or educational background and conduct training for its employees by themselves (www.medical.edu.pl).

In Greece it is common that informal caregivers -mostly family members- provide unpaid care to the elderly people. It is an usual practice to stay alongside the bed in hospital and take care of your loved ones due to the shortage of nursing personnel. The government introduced the law allowing one hour less work for citizens that are working in the Public Sector and are informal caregivers but it is still not enough considering the fact that more than 30 % of the population provide care to family members. As for the educational path there are private agencies and NGOs located in major cities that provide training for senior caregivers (Stravianou, A., 2018).

Sweden has a decentralized system of care services. There are no national regulations that determine service levels, their range etc. These criteria are set by local authorities. Each citizen is eligible for health and social services based on individual assessment of needs. In recent years institutional care has been successively replaced by private care providers which are financed from public funds. Senior caregivers can sign up for training provided by agencies which also encourage foreigners who can speak Swedish on a communicative level (Eurocares).

In the EU definition, a senior caregiver is a person who provides unpaid care to someone with a chronic illness, disability or other long lasting health or care need, outside a professional or formal framework (EuroCarers). However, in some EU countries the role of caregiver has a different meaning, more related to professional jobs that need training and studies.

In general, for people aged 65+, senior caregivers care for seniors in a variety of ways that are indispensable to give them a higher quality of life when they do not manage to do all those activities by themselves anymore. It means making it easier for them to accomplish daily tasks, eliminating some of the more difficult aspects of day-to-day life, and providing the help necessary for seniors to live independently with a high quality of life (EuroCarers).

1. Number of carers and existing support measures across the EU (EuroCarers).

EURO CARERS	OFFICIAL NUMBER		UNOFFICIAL NUMBER		1 - Legal recognition of carers	2 - Identifi-cation	3 - Needs Assess-ment	SUPPORT TO CARE			9 - SOCIAL INCLUSION /PROTECTION		
	Number of carers	% of population with caring responsibil-ities	Number of carers	% of population with caring responsibil-ities				5 - Access to informa-tion	7 - Respite care	8 - Training	Financial compensa-tion (direct or indirect)	Carers' leave	Pension credits
AT	700.083	8,1%	457.000	5,2%	✓	...	...	...	✓	✓	✓	✓	✓
BE	1.307.320	11,6%	1.965.250	17,5%	✓	✓	✗	...	✓	✓	✓	✓	✓
BG	437.858	6,1%	700.000	10%	✗	✗	✗	✗	...	...	...	...	✗
CH	600.000	7,0%	1.047.168	10,8%	...	✗	✗	...	...	...	...	✓	✗
CY	60.372	5,2%	N/A	N/A	✗	✗	✗	...	✓	...	✗	✗	✗
CZ	485.300	4,6%	1.263.600	12%	...	...	✗	...	✗	...	✓	✓	✗
DE	5.554.920	6,8%	18.185.200	22%	✓	...	...	✓	✓	✓	✓	✓	✓
DK	863.816	15,2%	750.000	13,0%	✗	...	✗	✓	✓	✓	✓	✓	✓
EE	176.210	13,4%	100.000	7.7%	✗	✗	✗	✓	✗	✓	...	...	✗
EL	724.940	6,7%	3.665.200	34,0%	✓	...	✗	...	✗	...	✗	✓	✗
ES	5.340.600	11,5%	9.541.080	20,4%	...	...	✗	✓	✓	✓	✓	✓	...
FI	657.600	12,0%	700.000	12,6%	✓	...	✓	✓	✓	✓	✓	✓	✗
FR	9.383.550	14,1%	11.000.000	19,6%	✓	...	...	✓	✓	✓	✓	✓	✓
HR	269.056	6,4%	459.030	13%	✗	✗	✗	✗	...	✗	...	...	...
HU	816.969	8,3%	450.000	7%	✗	✗	✗	✗	✓	✗	...	✓	✗
IE	441.988	9,4%	391.260	8%	✓	✓	✓	✓	✓	✓	✓	✓	✓
IT	8.502.200	14,0%	16.119.600	26,5%	✓	✗	✗	✓	✓	✓	✓	...	...
LT	241.115	8,3%	238.210	8,2%	✗	✗	✗	✗	✓	✓	✓	...	✗
LU	35.315	6,2%	79.113	13,9%	✓	✓	✓	✓	✓	✓	✓	✓	✓
LV	144.394	7,3%	125.497	13,8%	✗	✗	✗	✓	✓	✓	...	...	✗
MT	40.945	9,2%	35.000	14,0%	✗	✗	✗	✗	✓	✗	...	...	✓
NL	6.216.980	36,7%	N/A	N/A	...	✓	...	✓	✓	✓	✓	✓	✗
NO	N/A	N/A	800.000	15,4%	✗	✗	✗	...	...	✗	✓	...	...
PL	3.874.980	10,2%	4.318.800	18,3%	✗	...	✗	✗	✗	✗	...	✓	✗
PT	1.274.280	12,3%	N/A	N/A	✓	✗	✗	...	✓	...	✓	✓	✗
RO	455.860	2,3%	1.580.800	8%	✗	✗	✗	✗	...	...	...	...	✗
SE	2.155.780	22,0%	N/A	N/A	✓	✓	✓	✓	✓	...	✓	✓	✗
SI	220.848	10,7%	215.000	10,4%	✗	✗	✗	...	✗	...	...	...	✗
SK	428.496	7,9%	N/A	N/A	✗	...	✗	✗	...	✗	...	✓	✗
UK	6.500.000	10,4%	N/A	N/A	✓	✓	✓	✓	✓	✓	✓	...	✓

Caregivers’ responsibilities might range from checking blood pressure to working with seniors who suffer from one of the many forms of dementia. The complexity of the responsibilities is often impacted by the time and training invested in this career. As an in-home care provider, caregivers are providing an invaluable service to someone who needs your help, establishing relationships that truly enrich everyone’s life, bringing greater meaningfulness to the career.
In Europe, 80% of all care is provided by informal carers (Educare).

1.2 Training paths of caregivers in selected EU countries

In a scoping review carried out by Nunes & Cerqueira (2020) some data that resulted from the analysis of different studies were pointed out: 1) a large proportion of formal caregiver's don`t have qualifications in the specific area in which they work; 2) some training programs for these professionals remain unclear; and 3) a differentiation among these professionals is needed.

Austria: Based on the data collected by the Federal Ministry of Labour, Social Affairs and Consumer Protection, in 2016, 74% of all of persons receiving long-term care cash benefits were in home-based informal care provided by relatives or friends at home, and did not receive formal care services. In 2016, 32% were looked after by relatives or friends at home and at the same time benefited from formal outpatient (mobile) LTC services. Around 21% of persons receiving LTC cash benefits lived either in nursing homes or received inpatient care. About 5% of all cases LTC services were primarily performed by privately-hired carers at home (“24-hour care at home”), who are mainly female migrants from new EU Member States. The following social care professions exist in Austria: Social care professions with home nursing qualifications (Pflegehilfekompetenz): qualified social workers (Fach-SozialbetreuerIn) specialising in working with elderly people (Fach-SozialbetreuerIn A), certified social workers (Diplom-SozialbetreuerIn) specialising in working with the elderly (Diplom-SozialbetreuerIn A), Social care professions without home nursing qualifications: Home care assistant (Heimhilfe).

Bulgaria: there is no established information system collecting data on formal carers providing long-term care. There is even less information about the number of people providing informal care. But there is little doubt that the overwhelming bulk of LTC is provided by informal carers in families. (…) Though informal care thus is of outmost importance it has so far neither been legally recognised or financially encouraged within the system of LTC services. No cash benefits or services in kind are available to support informal carers. And in line with this one of the placement requirements of LTC institutions for the elderly is that the clients do not have any family members capable of providing care for them.” Despite social changes, the vast majority of long-term care is provided through the informal network of family and friends. In Bulgaria, children are expected to provide care to their aging parents, grand- parents, and other relatives. Due to this cultural value, Bulgaria has been quick to adopt a model of home and the number of HCBS has risen from 21 in 2003 to 369 in 2008. This development has enabled older adults to remain in their own communities, while assisting family caregivers. Public policies are needed to continue to fund and expand HCBS efforts in Bulgaria. In the Bulgarian context, there are still few practices for provision of professional support and training to informal caregivers. There is lack of practices and forms of providing recreation and adequate social protection with a view to preventing the social exclusion of people providing care. “

Croatia: Also in Croatia, formal social welfare services are offered by professionals that completed secondary vocational or professional school in nursing or social care. Education for formal caregivers is carried out within the framework of the adult education system. The

conditions for enrollment are to be 18 years old, to have completed at least primary education (level 2 EQF) and to have a doctor's certificate in the psychophysical ability to perform the duties of a caregiver. The program lasts 500 hours, of which 170 hours are theoretical classes; 50 hours of exercises, 280 hours of practical classes (EduCentar 2022).

The Czech Republic: Czechia belongs to the traditional model, where LTC is largely considered a ‘family affair’, with informal carers (mainly family members and friends) providing most care, although there is no explicit legal or even constitutional obligation to care. In 2010, internal data of the Ministry of Labour and Social Affairs (MLSA) estimated this share of informal care between roughly 52% and 75%, depending on the degree of dependence of the service use. The development of long-term care (LTC) has been carried out in a fragmented fashion in Czechia, with responsibility strictly divided between the health care sector and the social care sector. According to the 2015 National Strategy for Social Services Development, just 15% of individuals in need of LTC are clients of institutional care in health care or social care facilities.

Most long-term care is provided as informal care by persons close to those in need of care. Social care is mostly provided by informal carers, but also by professional social services. Formal carers of social services can be registered or unregistered. If registered, they are eligible for public funding and are also bound by administrative maximum prices. If a person is unregistered, then free pricing of services applies to be fully covered by private payments. Some services, such as social prevention or rehabilitation are provided without private co-payments. For institutional care, recipient’s income (up to 85%) can be used to cover accommodation and food costs for residential care. LTC is also a significant segment of the labour market. The trade unions estimate that there are overall roughly 100,000 employees in the social services sector. Official MLSA statistics that cover public-sector employment report nearly 45,000 employees the majority being care workers (i.e. in social services), including 24,000 social workers and 5,000 nurses.

Cyprus: Long-term care (LTC) services consists of long-term health care and long-term social care. Long-term health care is administered by the Ministry of Health (MoH) through the organisation of a system of community nursing, which provides home-based health services to patients with chronic health problems or disabilities. Long-term social care is administered by the Social Welfare Services (SWS) of the Ministry of Labour, Welfare and Social Insurance (MLWSI) through the operation of the Guaranteed Minimum Income (GMI) scheme. In parallel, a wide array of cash or in-kind benefits are provided by the Department for Social Inclusion of Persons with Disabilities of the MLWSI. Informal caregivers and professional providers are the main categories of caregivers in Cyprus. (…) They might be people who provide care for elderly people along with other housework duties house or students who are nationals of third countries; according to a recent law, which follows a directive of the European Union, students who are nationals of third countries may now work in Cyprus, in paid economic activity, under certain conditions and for certain kinds of work (like Care Givers in Homes for the Elderly). Live-in migrant domestic helpers are included under the category of informal carers. The reason for including them in the informal care sector even though they offer paid services to the households is that informal carers’ services are more like the type of informal care provided by family members and less comparable to services provided by qualified professionals.

Denmark: there are no laws that defines and protects the rights of informal carers – only a number of recommendations to the health service about how to take care of them. People who are attached to the labour market and who wish to care for a closely-related person with substantial and permanent impairment of physical or mental functions or a serious, chronic or long-term illness (including terminal) in the person's home, shall be employed by the municipal council if:

- the alternative to home care is full-time residential accommodation away from the home or the amount of care needed corresponds to a full-time job;
- the parties agree on establishing the care arrangement; and
- the municipal council considers that there are no strong indications against the person in question ("carer") caring for the closely connected person.

Estonia: Home-based services are provided by the home nurses included under the category "Practising nurses". Other home-based personal care services are arranged by the social welfare system. In the social welfare system, the personal carers at home are formally appointed by the local government (and get also small caregiver's benefit); many of these formal caregivers are family members (OECD 2022). To be formal caregivers in the home or caring institutions, persons can undergo training of 9 months (6 months integrated practical and theoretical training and 3 months practical training). In programme can enrol persons without professional education. The programme meets the requirements of the professional standard Social Care Worker's professional qualification level (Talin Health Care College 2022).

Germany: Carers are defined in German law as people who provide non-professional home care to other people in need of long-term care, due to a physical, mental or emotional illness or disability. Social protection services will only address the needs of carers if they provide at least 14 hours of weekly care to a care-dependent person. The elderly care law (Altenpflegegesetz–AltPflG) came into force on August 1, 2003. For the first time, elderly care training was regulated nationwide by the AltPflG, and the professional title was protected, which ensures a uniform level of education. Under this law, the condition of the admission to elderly care training is a completion of ten years' general education or completion from a secondary school plus a recognized nursing assistant or geriatric care assistant training.

Hungary: The number of professional carers is declining, as wages in the social sector are the lowest in the entire national economy, which means that since 2010 the number of unfilled job vacancies has steadily increased (4.2% of jobs in the social and healthcare sectors were vacant in the fourth quarter of 2019, the highest of all sectors). Hungarian care workers tend to migrate to richer Member States, particularly Austria, Germany and the UK. While Hungary exports labour, it also imports care workers mostly from the ethnic Hungarian communities of Romania and Ukraine. Indeed, shortages in the formal care system and the inadequacy of solely family-based solutions together with the social and economic constraints of home communities lead to the formation of an invisible care market: an important part of the LTC strategies of Hungarian families is

the employment of – often undocumented- migrants (ethnic Hungarian coming from neighbouring Romania and Ukraine) as live-in carers. This is a largely informal and unregulated market, which is mostly out of sight of the authorities, unregulated and tax evading. I Training and recognition of carers' skills In the framework of the HELPS project of the Central European Programme of the European Union, the Hungarian Charity Service of the Order of Malta (HCSOM) drawing on earlier research began to elaborate and test a web-based pilot program called WebNővér (WebNurse; www.webnover.hu), which comprises six elements: 1. short explanatory videos teaching nursing tasks, 2. service map, 3. mental support, 4. nutrition advice, 5. care advice, 6. legal advice. Access is free, ensuring quick dissemination. The pilot program was presented to the media, governmental and local decision-makers, ex-perts and a wider audience in January 2014. Since then, it has begun to spread and raise awareness of how a web-based solution can help family carers.

Italy: Among EU countries, *il Bel Paese* presents particular demographics. Italy indeed has one of the oldest populations with the highest life expectancy at birth and at 65 for both men and women. Carers are defined as "individuals who take care in a continuously, voluntary and free way of a person for whom she/he feels affection who is not able to perform daily tasks by herself/himself". The informal carer should be helped by a "support network" made up of social workers, nurses, general practitioners and voluntary organizations. The support should be based not only on services and care allowances but also on psychological and "relational" help (including self-help). So a family member can be considered Caregiver but needs all other specialized people to help them in the daily routine if they need to follow the senior in a proper way if he/she needs any kind of medicaments, physiotherapy etc.

Latvia: During the coming decennia the population of Latvia will gradually decline, from 2.0 million inhabitants in 2016 to 1.3 million inhabitants in 2070. This 32% fall contrasts sharply with the EU average increase of 2%.Moreover, the rate of decline in the working-age population is set to accelerate over the next 20 years compared with the previous two decades. In line with the general demographic trend in the EU, the percentage of older population (65 and above) is growing and is projected to increase further. The relatively low standards regarding public health are correlated with significant underfunding of the health system. The proportion of the Latvian population reporting unmet medical needs is among the highest in Europe. The Latvia's approach to long-term care (LTC) policy is characterised by a strong informal care orientation and little support for informal care. Family is the main payer for LTC, in a country where risk of poverty among the elderly is particularly high.

Care recipients and their families normally cover the expenses of care. For recipients who live in a household with an average income below a given threshold (128 euro per month per person) and who have no spouse or child who is legally obliged to support them financially, municipalities will fully cover expenses of care. In parallel to formal home care, a high proportion of home care services is provided informally without payment by family members, relatives or neighbours. About 50% of municipalities have reported expenditures for financial support to care receivers or carers over the years. In 2016 only 19 municipalities out of 119 reported spending for financial support to carers. The responsibility of the family for taking care of the elderly is set in law.

Lithuania: Home care includes nursing and social care services, which are provided by various professionally prepared workers at the home of the needed care persons. These services are provided to people who cannot live at their home independently and who partly lost their independence due to old age or disability.Formal long-term care in Lithuania is still deeply undeveloped and biased toward the provision of institutional care. A number of social projects have started to expand the supply of formal long-term care, especially home-based care. Despite a present increase in support for caring activities by governmental and non-governmental organisations, most care provided for the elderly and disabled is still carried out by family, neighbours, friends and volunteers. Formal caregivers' education paths include VET programmes of 2-3 years, designed for learners over 14 years of age (ENEPRI 2010, p.9).

Luxembourg: Luxembourg was one of the pioneering European countries in the development of an explicit pillar of long-term care (LTC) insurance. It was indeed created in 1999 and was adapted in 2005 and 2017. The system sought to bridge the growing benefit gap for long-term care services, which until its creation had been granted by health, work accident and invalidity insurances. Affiliation to long-term care insurance is mandatory for salaried and self-employed workers and access to continuous insurance benefits is guaranteed from the first day of membership. For those without mandatory insurance, voluntary insurance is possible, for which a qualifying period of 1 year is applied. As highlighted in the ESPN thematic report on long-term care and the work-life balance (Pacolet and De Wispelaere, 2016), 20.1% of the working population in Luxembourg (i.e. about 39.000 people) claimed to take care of an older family member, either part time (19.2%) or full time (0.9%).A definition of informal carers (aidants informels) was included in the long-term care (LTC) insurance in 2005 and was clarified in 2017. The informal carer must be identified and assessed by the long-term care insurance (assurance dépendance) in order for the carer to be recognised as such and for the in-kind LTC services to be substituted by cash benefits. Once the carer is recognised, (s)he provides care services on her/his own or in collaboration with a network of care professionals (which can be selected by the care recipient).

Malta: Home-based personal care workers provide routine personal care and assistance with activities of daily living to persons who are in need of such care due to effects of ageing, illness, injury, or other physical or mental condition in private homes and other independent residential settings. A programme of between 8 to 15 months is offered to work as caregivers formally. Enty requirements are a pass in English Language and Mathematics, OR an MQF Level 3 Diploma in Health and Social Care (or equivalent). After completition of programme, the Elderly care certificate is issued at level 4 of the Malta Qualifications Framework and also the European Qualifications Framework (iAcademy 2022). Also, validation of informal and non-formal learning for Care Workers is possible at Level 4 of the Malta Qualifications Framework and also the European Qualifications Framework. The prospective candidate must have 3 years of experience in the respective field. This is in line with national law, S.L. 327.432 of 2012; which regulates the Validation of Informal and Non-formal Learning (Jobsplus 2022).

Portugal: the formal caregivers of seniors integrate different levels of qualification and when we talk about 'senior`s caregiver, there is a high probability that care is given in contexts, such Day Care Centers, Social Care Centers and Home Support Services, where helpers playing a crucial role in delivering care, promoting quality of services (Nunes & Cerqueira, 2020).

In Portugal, the National Qualifications Framework (QNQ) is regulated by Ordinance No. 782/2009 of July 23 and in a summary way, we can divide the levels of qualification in professional courses as follows:

Level 1 - 2nd cycle of primary education.

Level 2 - 3rd cycle of primary education.

Level 3 - Secondary education aimed at pursuing higher education.

Level 4 - Secondary education by double certification or secondary education aimed at pursuing higher education studies plus professional internship – minimum of six months.

Level 5 - Qualification of post- secondary level not higher with credits for the continuation of higher education studies.

Level 6 - Bachelor's degree or Bachelor's degree.

Level 7 - Master's degree.

Level 8 - PhD.

This presents a correspondence between levels and qualifications, with reference to another Framework (the European Qualifications Framework - EQF). Therefore, the qualification becomes automatically noticeable in any country in Europe, which means that an employer (national or foreign) will be able to read what is on your certificate.

The National Qualifications Catalog – CNQ is the instrument for the strategic management of non-higher level qualifications, which aims to regulate, structure and articulate the different educational and training offers of dual certification, providing the necessary skills for the country's economic development, taking into account its relevance and suitability to the needs of companies and the labor market. It is organized in a dual certification logic, integrating, for each qualification, a set of references from the school and professional scope, according to the levels of the National Qualifications Framework (QNQ): the professional profile, the training reference and the Skills.

Regarding vocational education, we are referring to careers with certification level 2 or level 4, working in the *field of Health - Non-Classified Programs In another Area of Training* that includes

1. Technician/Health Assistant

and careers working in field of *Work and Guidance* namely:

2. Family Assistant and Community Support
3. Agent in Geriatrics
4. Family Support and Community Support
5. Geriatrics Technician
6. Psychosocial Support Technician
7. Sociocultural Animator

So, those are certified training occupations but not included in the EU regulated professions database. However, if we consider the knowledge-based education or competences regarding specifically the senior's population we are only referring to Agent in Geriatrics, Family Support and Community Support and Geriatrics Technician (table below).

Training Area Code	Training Area	Qualifying Code	Qualification	QNQ Level	QEQ Level	Description of Qualification
729	Health - Non-Classified Programs In another Area of Training	729281	Technician/ Health Assistant	4	4	The Technician is the professional who assists in the provision of health care to users, in the collection and transport of biological samples, in the cleaning, cleaning, hygiene and transportation of clothing, materials and equipment, in cleaning and hygiene of spaces and in the logistical and administrative support of the different health units and services, under the guidance of the healthcare professional.
762	Work and Guidance	762176	Sociocultural Animator	4	4	Promote the sociocultural development of groups and communities, organizing, coordinating and/or developing animation activities (cultural, educational, social, playful and recreational).
762	Work and Guidance	762190	Family Assistant and Community Support	2	2	Provide basic human and health care to users and/or clients in a condition of weakness, in a home, institutional or in the context of the provision of personal and community care framed in social support services, considering technical indications and ethical principles.
762	Work and Guidance	762191	Agent in Geriatrics	2	2	Provide direct support to the senior, at home and in an institutional context, namely, nursing homes and day care centers, ensuring their physical, psychological and social well-being, according to the indications of the technical team and the deontological principles.
762	Work and Guidance	762319	Family Support and Community Support	4	4	Provide direct support to individuals at home or in an institutional context, including the senior, people with disabilities and people with other types of temporary or permanent functional dependence, according to the indications of the technical team and the ethical principles of action.
762	Work and Guidance	762335	Geriatrics Technician	4	4	Provide direct support to the senior, in a home and institutional context, contributing to their biopsychosocial well-being, taking into account the objectives defined by the local technical team and the deontological principles of action.
762	Work and Guidance	762374	Psychosocial Support Technician	4	4	Promote integrated multidisciplinary teams, the psychosocial development of individuals, groups and communities in social contexts of greater vulnerability, focusing on risk levels and the life cycle, enhancing internal capacities as support in the reconstruction of an autonomous, productive and quality life path

Professional Education	QNQ level	Training Referential	Tecnological component	Practice
Agent In Geriatrics	2	762191 - Agent In Geriatrics	900 h	120 h
Family Assistant of Community Support	2	762190 - Family Assistant of Community Support	950 h	120 h
Geriatrics Technician	4	762335 - Geriatrics Technician	1100 h	210 h
Technician of Family and Community Support	4	762319 Technician of Family and Community Support	950 h	210 h
Auxiliary Health Technician	4	729281 - Auxiliary Health Technician	1175 h	1500 h

Slovakia: “Informal care represents a dominant part of the long-term care sector (…) paid long-term care represents a minority (…) a greater part of long-term care is provided at home (…) Before 2001, informal carers were not systematically mentioned in social welfare legislation (…) Between 2001 and 2010, several legal amendments were introduced to close this gap (…) Informal care and carers are still not properly defined in the legislation”.

This report includes some contents such as: “The LTC system of Slovakia” and “Demand and supply of LTC” (the role of formal care in the LTC system and demand and supply of formal care).

“In the Slovakian city of Banská Bystrica, an ERDF-funded project is aiming to employ more caregivers for elderly and disable people to ensure they receive the appropriate care in their own homes”.

Slovenia: To implement social welfare services at home (in a formal way), persons need appropriate education. This can be a completed secondary vocational or professional school in nursing or social care (level IV EQF). If persons do not have such education, another possibility is a professional qualification that can be obtained within the framework of the certification system. On the basis of a knowledge test, which includes theoretical and practical tests of competence to perform help at home, the worker receives a publicly valid document - a certificate, which confirms the competence to perform the profession of career (NPK 2022).

Special conditions (according to Rules on the standards and norms for social services) for qualification include at least primary education (level 2 EQF) and at least 5 years of experience in the field of working with people or at least 1 year of experience in the field of social care for the elderly, disabled, etc. of persons with special needs, which the candidate proves with certificates, references, statements and at least 21 years of age and completed a verified training program in social care in the field of social care. The training lasts 150 teaching hours. The nursing services are implemented by nursing technicians and nurse-caregivers (level IV EQF).

Spain: In Spain, only 5% of the population received home help provided by Social Services in 2005 (Benjumea et al 2011). Non-formal caregiving is beside of family member, often offered by immigrants (many of them undergo informal trainings in caregiving). Also, Spain utilises the ECVC “Elderly Care Vocational Certificate” which is a training programme for formal or informal caregivers (EC 2018).

Romania: The waste majority of caregivers in Romania do not undergo any training. Training of careers is delivered from the public or private spheres (in this case, mostly by NGOs). The training courses have a variable length, from a few hours. The courses that have accreditation recognised are given from a length of 360 hours (120 hours of theory and 240 hours of practice). Training courses are developed in modules or topics. The conditions for enrollment are that participants have at least primary education: 8 years; level 2 EQF.

Nurses can act in this sector health and social mix, but there is a lack of information regarding the work of the nursing home (CARESS 2016, p. 104).

1.3 Advantages and disadvantages of working as senior caregiver

This often-challenging role *can have many benefits*, but *there are* also *drawbacks*

ADVANTAGES

Further on are listed main benefits of working as a senior caregiver, as discussed in Zdravstvena.info 2022, Colavria hospitality 2022, and reflected in answers of 1ka survey Work with elderly 2022.

1. Orientation to take care of needs in everyday life.
    a. Help in meeting the needs that the patient cannot do on his own for any reason (illness, incapacity, lack of knowledge...).
    b. Helping a healthy or sick person in those activities that contribute to the preservation of health or a peaceful death and which he would perform himself if he had the will, strength and knowledge to do so.
2. Working in the implementation of the diagnostic-therapeutic program proposed by the doctor.
3. Membership in a wider medical team: cooperation with a personal physician, visiting nurses, specialists, other medical personnel.
4. Skills and knowledge of prevention, care, counselling, teaching, diagnostics, therapy, communication, coordination, care...).
5. Cooperation and offering support to family members. Rehabilitation of the individual and the family.
6. Caring for seniors has the added benefit of working with people who have a lifetime of experiences and knowledge to share that broaden one's perspective.
7. You understand the elderly.
    a. You recognize the need to maintain and strengthen health throughout life.
    b. You understand the elderly's need for company.
    c. Illnesses, the ability to visit doctors and specialists, taking care of therapies...
8. You value life, health more.
    a. You learn about diseases, maybe also the reasons for them
    b. The practice makes you aware of the importance of food, exercise, sleep, socialization, and strengthening the mind, in life.
9. You realize or get confirmation of what a visit, a touch, a nice word means to a person.
    a. Empathy, sincerity, confirmation for efforts in this profession increases
    b. You realize that people are a complex whole
10. You realize peace in yourself when you know that you gave everything to a weakling, that you tried your best.
11. If this work is the caregiver's mission, he feels fullness, inspiration, happiness, satisfaction.
12. Caregiving is not a job that can be outsourced or replaced with technology. As people live longer, demand for caregivers to work with a select group of clients may create greater job stability and allow those caregivers to become highly competent in their roles.
13. The profession can be practiced at home or in a medical institution, under supervision or individually.

DISADVANTAGES

Employment in the formal care sector is often described as low quality and precarious. Working conditions in the formal care sector are often difficult and precarious, characterised by high work intensity, stress, atypical work hours, adverse social environment and low income (Council of the European Union, 2022, p.33)

The home-based care sector is mostly unregulated and unmonitored in a majority of the Member States, in contrast with residential care services where some measures are applied across the EU (on-site inspections, requirements and standards, licencing, etc.). Formal home care service quality can also be negatively affected by poor working conditions for professional carers as, due to their high workload, tired carers are not always able to provide services that meet the highest standards (Council of the European Union, 2022, p.27)

Home-based care workers often carry out complex tasks that involve taking on different roles and responsibilities such as those of a social worker, household helper, nurse and assistant in day-to-day activities. (Council of the European Union, 2022, p.33)

Main disadvantages of working as care givers (8 disadvantages identified according to resources):

Roljič and Radolja 2017, and results of 1ka survey on Work with elderly 2022 point out of the following disadvantages of working of careers:

1. Burnout.
    a. Due to the abundance of obligations at work, or because of obligations after the work (in the family, after work ...)
    b. Many times the family of the caregiver suffers because the caregiver gives himself up for an elderly person.
    c. Because the caregiver has no time for himself, for his own regeneration.
    d. He brings home problems from work, and the family suffers:
        i. The caregiver is closing in on himself
        ii. The caregiver is annoyed with his family members.
        iii. caregiver does not eat regularly and properly. He either reaches for too much food or doesn't eat it at all.
        iv. The carer does not care about his physical condition. He is apathetic.
    e. Negative emotions due to hierarchy, access to information, lack of staff, lack of support.
    f. Excessive responsibility at work, performing work with maximum satisfaction, giving up and making sacrifices are positively evaluated.
2. Dealing with the aggression of an elderly person.
3. Physical injuries: spine, ligament damage, bruises, abrasions. Long-term risk for chronic musculoskeletal problems and diseases, defects of the lumbar spine, shoulder girdle with cervical spine defects
    a. Loads with physical work (lifting, carrying and working in an unnatural posture).
    b. Daily contact with chemical substances (disinfectants and cleaning agents, medicines).

4. Mental fragility: stress, unpleasant tension, indirect effect on faster heartbeat, accelerated breathing, slowing of digestion, and in the long term atherosclerosis, heart attack, stroke, depression, anxiety...
    a. Working during unfavourable working hours (night work and shift work)
    b. Psychosocial burdens (high responsibility, violence, aggression, work intensity, facing suffering and death.)
    c. Fear of mistakes.
    d. It has too little influence on one's own work.
    e. Time pressure.
5. Loaded with specific tasks that require the caregiver to have special knowledge, high competence and, as a result, special psychophysical effort.
6. The desire to help on the one hand, and on the other hand an excessive amount of work, which puts the carer in a conflict situation, which can cause him anger, aggression, fear.

The Council of the European Union 2022 emphasises also the disadvantages of:

High levels of violence, harassment, compare to other industries and sectors. In 2012 a German survey among care staff revealed that 56 % had experienced physical violence and 78 % had experienced verbal aggression in the 12 months preceding the survey (Council of the European Union, 2022, p.34).

Low income. In 2011, an OECD analysis of home-based carers’ wages in 16 European countries revealed that low-skilled carers were likely to earn less than the national average wages. In 2018, over half (51 %) of women and 42 % of men providing professional home-based long-term care in the EU-28 reported having a monthly income falling within the lowest income deciles. (Council of the European Union, 2022, p.35).

2. List of soft skills needed in the profession of senior’s caregiver

2.1 Adaptability

A carer must be adaptable to change because things now change at a far greater speed and pace than ever before with rapid changes in technology, diversity and society, need carers who are open to new ideas and flexible enough to work through challenging issues such as dealing with challenging priorities and workloads.

Currently the ability to adapt to a rapidly changing environment facilitates positive outcomes. Specifically, adaptability refers to an individual's skill, disposition, willingness, motivation to change or fit different task, social roles, or environmental features (Ployhart and Bliese, 2006).

Adaptability is considered to be a key source of mental resources. Individuals with a high level of adaptability can reserve more psychological resources than individuals with a low level of adaptability (Ployhart and Bliese, 2006).

Psychological resources are especially important for newcomers who are encountering a totally new environment. The increasingly changing nature of modern life requires individuals to constantly improve their ability to adapt. To adapt to changing circumstances, individuals have to exhibit adaptability both in cognition and behavior (Ployhart and Bliese, 2006).

Adaptability can be considered a type of self-regulation resource, which is perceived to be a kind of strength that allows control over self (Muraven and Baumeister, 2000, p. 247), and is important in helping carer adjust to a new environment.

Adaptability is something a carer must bring with them to the job. By learning how to be more adaptable a carer will become better equipped to respond when faced with a crisis. Every environment wants a carer of older who fits within the existing work environment and is able to anticipate, respond to and manage change on a day-to-day basis. Adaptability is the ability to quickly, calmly and efficiently face unexpected challenges. Life is dynamic and subject to changes to which we must be able to respond.

Adaptability in senior care is the ability to adjust to a possible change in the client's condition, changes in mood, emotions of the older person, pain, falls, indigestion, serious health problems, immobility, as well as facing the care of an older person in terminal palliative care (ICOPE, 2021).

The continually evolving pandemic situation is a good example of when adaptability in older care is needed. Over the last few years aged care has faced a host of changes to best practice across the sector. From new visitation protocols, to mask-wearing and managing prevention and control of a new virus that is notably dangerous to the elderly. Aged care workers with well-developed adaptive skills have been able to pivot to the needs of the sector and care recipients. The result is less stress and sense of disruption for the individual, not to mention those in their care or in their team.

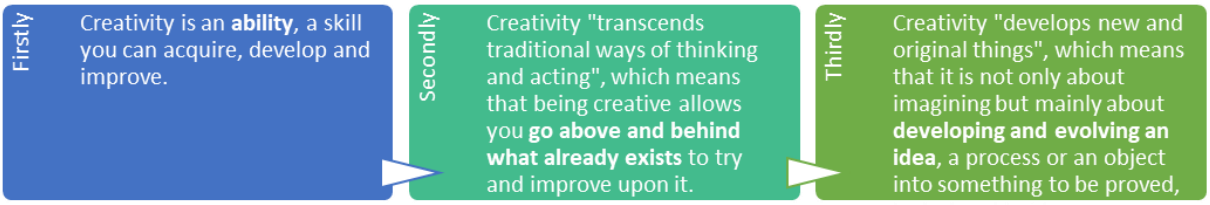
Adaptive skills or interpersonal skills are human qualities — perfect for working with humans. When a carer has well-developed adaptive skills, they are more likely to be able to thrive in aged care and contribute positively to the lives of the elderly as well as the sector more broadly (Selmar, 2022).

2.2 Creativity

Although everyone has an intrinsic understanding of creativity, it is not easy to describe it or at least to choose one sole exhaustive and simple definition for it.

In almost all cases, creativity is associated with an artistic nature. Nevertheless, creativity is about doing meaningful and fulfilling activities, which goes far beyond traditional "creative" activities, such as painting or writing.

Based on this, among all definitions available, we may state that the most appropriate description to start with is that **“Creativity is the ability to transcend traditional ways of thinking or acting and to develop new and original ideas, methods or objects”** (Kelly Morr -2018). Therefore:



(SmartArt graph developed by Materahub).

Being a creative caregiver implies a number of different aspects, including:

- Being a creative problem solver by spotting problems and proposing solutions that help overcome daily management obstacles and generate alternatives
- Using everyday materials to spark creative work in your caring activities
- Dealing with space constraints to create beautiful environments for you and your seniors
- Following your curiosity and trying new things out
- Allowing yourself to make mistakes
- Accepting new or different perspectives to step back from a problem and view it from a new perspective in order to develop creative solutions
- Embracing diversity

Everyday caregivers have to face many challenges and to copy with many unpredictable human and professional situations. Using and "training" creativity, all related skills and strategies can be crucial to improve not only one’s professional performance but also one’s self-care to manage stress as creativity:

- generates ideas that have value to the individual
- involves looking at familiar things with a fresh eye
- helps examining problems with an open mind, making connections and learning from mistakes
- boosts imagination to explore new possibilities

Creativity skills Include: **Being curious**, **Creative thinking and open-mindness** (thinking differently, “outside the box”, being flexible and adaptable to cope well with uncertainty), **Problem solving, Imagination** (exploring, combining and refreshing multiple options and inventing) and **Experimenting** (seeing failure as an opportunity to learn and improve and keeping working at a problem).

2.3 Communication

Almost every species has the ability to communicate. For us, human beings, communicating our thoughts, feelings and plans helped us dominate the planet earth. Communication means the ability to pass information through voice signals, speach, gestures, facial expression or even chemical signals involving for example pheromones. When talking about communication we need to keep in mind that this is an interactive process which includes sending and receiving verbal or non-verbal messages. It also means that communication is an ongoing process of interaction by using both language and non-linguistic symbols. Thanks to that we share our thoughts, ideas, emotions, facts or opinions with others. The complicity of that process is unique amongst other species.

The process of communication requires from us other interpersonal skills such as the ability to speak clearly, active listening, emotional awareness, observing, stress management, processing and analyzing data. The reason why we need all these skills is that communication is not only passing the information but also understanding the context, emotion and intentions hidden behind the message.

Communication is one of the most important skills when talking about caregiving. It helps build a good quality, satisfactory relationship with the patient. Caregivers need to have extraordinary communication skills in order to build positive relationships, trust and transparency. Caregiving process can benefit significantly from effective communication.

Effective communication helps better understand and assess a senior's situation and emotions. As already mentioned, effective communication means trust which helps resolve conflicts and create an environment where all the ideas, problems can be resolved easier. It seems easy but we must not forget about miscommunication. Most of the time miscommunication happens due to lack of active listening. Listening is often ignored by caregivers which is the vital component of good communication skills. In a caregiver work miscommunication can also happen due to physical disabilities such as speech impediments or slurred pronunciation. We also need to take into consideration the way we interpret information which varies from person to person so naturally it takes time to better understand each other (Khodadadi E., Ebrahimi H., Moghaddasian S., Babapour J., 2022).

2.4 Empathy & Patience

Patience is the ability to control emotions, reactions or impulses while facing difficult situations. It occurs in response to difficulties or delays in life which are unexpected. In this sense patience is a really useful skill considering the fact that during the day we encounter many unexpected events that interfere with our daily plans.

A psychological definition of patience lists its three varieties: interpersonal - which is related to other people and their demands or feelings, life hardship patience - which is the ability to overcome setbacks in life and daily hassles patience - which is related to situations that we face on a

daily basis which are beyond our control. Patience can be associated with an individual's character or can be described as a state. In both cases it requires behavioral and emotional skills that can be learned by practice (Practicing Patience, Empathy, and Compassion as a Caregiver, 2022).

Patience is one of the most important skills once dealing with seniors. It helps to build a healthy environment. It is a difficult and challenging skill to learn while providing care to seniors but at the same time it is a mandatory requirement. Elderly people often face a lot of difficulties such as diseases, brain disorders, and limited mobility which causes loss of independence. Along with that seniors can have mood swings and difficulties in communication which may cause senior carer's irritation. This is why patience is a crucial skill to learn. Senior caregivers should understand the patient's needs and limitations and apply an individual approach towards each patient.

Empathy is a skill that helps people to be patient. Understanding what people feel, being able to see things from other people's point of view, imagining yourself in others place, that is what empathy means. The emotional component is crucial when talking about empathy for example when you see somebody else suffering you instantly envision yourself in the same place and you are able to feel what this person is going through at the moment. There are three types of empathy:

- affective empathy - means that you can understand somebody else's emotions and respond appropriately
- somatic empathy - involves physical reaction in response to what others experience
- cognitive empathy - means that you can envision other people's mental state i.e. what they are thinking at the moment (Moolani M., 2022).

For senior caregiver empathy is crucial as seniors face more difficulties throughout the day and often they either do not want to show or cannot explain their needs. That is why the ability to put yourself in others' positions is a very helpful skill. Empathy allows a senior caregiver to react to a senior's needs even before they express them. It helps to create relationship based on trust and understanding (Cherry K., 2022).

2.5 Empower & Motivation

According to a study by Gustafsson et al (2019), which focused on the senior`s perceptions regarding the skills of their caregivers, the "motivating caregiver" stood out. Seniors described that a "motivating caregiver" is someone positive, driven and encouraging.

Being positive means, they radiate joy, making challenges easier for seniors; being driven, means they believe in their action and in the goals set, empowering the seniors and simultaneously helping them in their difficulties; being encouraging, means they encourage seniors to be more and more capable, which leads to a feeling of strength and an increase in self-esteem.

Empowerment for an older person means having the opportunity to learn, discuss, decide, and act on decisions. From the perspective of the health professional or health educator, empowerment of older patients in the clinic setting or clients at a community site means not only to provide service to them, but also to collaborate with them, to encourage their participation. Certain personality characteristics, such as patience, tolerance, and a positive attitude, enhance the health educator's chances for collaborating successfully on a health goal. Empowerment, with its rewards and risks, is fast becoming a requirement in the era of chronic healthcare conditions that must be managed, sometimes for decades (Haber, D., 2019).

Motivation can be defined as reinforcements for an individual to express a certain kind of behaviour (Clamor, W.L., 2020) and is usually divided into two types: intrinsic and extrinsic motivation. Intrinsic motivations are internal in nature, for instance altruistic motivation and emotional motivation, 2 features reported in health care workers working with elderly patients in palliative care. Altruistic motivation aloud health care workers to have a voluntary mindset intended to help and increase another's welfare because the attitude of being concerned for others. Moreover, it is a motivation that seeks to overcome the feeling of sympathy towards individuals who needs help and comprises the desire to help and take on a useful activity (Bhatti, K., & Qureshi, T. 2007; Clamor, W.L., 2020). Emotional motivation refers to effective reinforcement for health care workers moved by strong emotions, for instance, the feeling of empathy may urge them to work harder regarding pain management.

On the other hand, extrinsic motivation refers to motivation driven by external factors. Two examples are social desirability, a motivation feature that evokes individuals to behave in a certain way because of social pressure and norms, and compensation and punishment. The first is found in individuals that are more likely to express caregiving behaviour when being observed by their superiors. The same is true for caregivers, who feel pressure from their supervisors in order to accomplish their tasks and jobs in doing geriatric caregiving, and for health care workers which are motivated to work harder hoping for approval and respect from other people most especially their superiors.

For extrinsic kinds of motivation, the most frequently used in the health care sector is compensation and punishment, and it is found that both are effective tools for reinforcing individuals to comply with their job description. However, reinforcing extrinsic motivation in individuals it is found to be inefficient, and may not be truly effective due to impact on intrinsic motivation (Clamor, WL, 2020).

2.6 Ethical

Ethical competence is the basic qualification or capacity that caregivers of older people need in their daily practice to identify the ethical dimensions inherent in their decision-making. Ethical competence can help to find the best possible solution for seniors (Hemberg J., 2019).

Various conceptions of ethical principles related to elderly care can be found in the literature, among them moral guidelines such as leading an impeccable life, trustworthiness, non-harming, maintaining professional confidentiality, and loyalty to colleagues. In the scientific literature of medical ethics, the following basic ethical principles are mentioned:

- The principle of respect for the person
- The principle of beneficence
- The principle of justice and selflessness
- The principle of responsibility
- Principle of confidentiality.

In addition to these main principles, there are other more specific principles of reverence for life, kindness, integrity, justice, selflessness, honesty, trust, individual freedom, among others (Hosseinabadi R., 2019).

The principle of respect for the person

In the light of this principle, the carer's relationship with the client requires respect for their world of values, goals, personal and social situation. This principle means treating the guests with respect for their autonomy.

Respect for the dignity and worth of the person of each patient imposes an obligation on carers to take all reasonable measures to protect, restore and sustain life. It is expressed in caring for anyone who needs it. It accompanies the work of the caregiver in all circumstances, and manifests itself in the conscientious performance of duties despite fatigue, staff shortages, equipment and equipment shortages. The caregiver must create situations that allow the patient to regain lost independence of choice. The carer must not treat seniors in a paternalistic way, but should step into the role of counsellor and advocate. It is very important to respect the rights of the elderly person to be independent and to decide their own personal matters (Wrońska I., 2002).

The principle of beneficence and non-maleficence

In the medical profession, the principle of non-maleficence is linked to the principle of primum non nocere - above all, do no harm. This principle requires professionals not to harm patients by their wrongful conduct and to protect those who, because of their age and illness, are unable to do so themselves. When applying the principle of non-harm, the carer acts carefully and cautiously, in accordance with the procedures in place, so as not to harm the client. This principle is gradual, i.e. one can do more or less harm. Therefore, in practice, problems of choosing the lesser evil very often arise.

The principle of doing good is caring for the whole patient together with their psychosocial and spiritual needs. This principle is considered, on the one hand, as the provision of services that are beneficial to the health and life of the patient, while on the other hand, it is a balancing of benefits and harms. If the carer follows this principle, it means that she takes into account the basic needs of the elderly person, treats the patient holistically, does good and is guided by kindness (Varkey B., 2021).

Principle of justice

In the literature, this principle is considered as a moral imperative to treat the entire patient population equally. Examples of criteria for the distribution of goods according to the so-called principle of distributive justice are: to each person, an equal share, according to need, according to effort, according to contribution, according to merit, and according to free-market exchanges.

This principle applies to society as a whole - the health system. Ethical problems arise when human and material resources have to be divided and are too small to meet the needs of society as a whole. It is very important to choose the right criterion. Very often there is a dilemma whether to provide services to all citizens free of charge or for a fee, but of a higher standard (Varkey B., 2021).

The principle of responsibility

The principle of responsibility encompasses the responsibility of the person for themselves and for the persons they are caring for. It means that if a carer has accepted an obligation to do something, he or she will do it regardless of the circumstances. The concept of responsibility obliges one to explain, justify and describe the ethical decisions taken and the course of action with accepted moral standards (Varkey B., 2021).

The principle of confidentiality

According to this principle, the caregiver is obliged to keep the information he or she has obtained during the nursing process confidential. It is of course important to remember that a carer of an elderly person in exercising his or her profession should adhere to, among other things: the

principles of caring, responsibility, cooperation as well as being an advocate for the patient. The carer should provide caring care in accordance with the state of the art. He/she should create an atmosphere of trust through kindness, forbearance and patience and respect the patient's right to intimacy and personal dignity when providing care, provide services with the patient's consent. The carer is obliged to keep all information about the patient and his/her environment confidential.

According to some ethicists, the principle of caring is the overarching principle that a carer should follow in their professional work. The carer of an elderly person, as an advocate for the client, is morally obliged to stand up for the client's rights, to help the client in the best possible way and to show respect for the client. The principle of cooperation involves the active interaction of the therapeutic team in order to achieve the highest possible quality of service. All these principles are particularly important when working with an elderly person, who very often cannot protect himself sufficiently on his own (Smebye K.L., 2015).

2.7 Positive attitude

From personal experience, everyone knows how a bad mood, negative attitude, and pessimism affect an individual. All this leads to various diseases, which can be mental but eventually also physical. On the other hand, a positive attitude can have the same effect in the opposite direction, i.e. health, well-being, joy, happiness.

"Thoughts and emotions threaten the sympathetic nervous system and endocrine glands, so the functioning of the organs changes. The sympathetic nervous system, which is a part of the autonomic nervous system, regulates unconscious bodily functions such as salivation, sweating, airflow to the lungs, etc. It ensures that the organs either work faster or slower, thus adjusting their operation from moment to moment, depending on everyday life's changing needs. For example, when we have to deal with danger, digestion stops because it is of no use when we have to save ourselves. But when the danger passes, the autonomic nervous system slows down blood flow and breathing and starts digestion so that it can continue peacefully (Aktivni.si 2022)."

"Negative thoughts also contribute to chronic stress, which directly and adversely affects health. A little stress is actually good for the body, but chronic stress causes disease. Research shows that emotions are not just something in mind, they also affect the body. For example, when you get angry, the body tenses up, the digestive organs go numb, the heart rate increases, and the jaw and facial muscles contract (Hay 2015 et al)."

So, a positive attitude is largely influenced by our mental life, which affects our balance.

It is even more important that the career of an elderly person has a positive attitude; that he will transfer this positivism to the elderly person and his family members. This means that the caregiver is expected to be mostly in a good mood, smiling, good-humored, singing and even dancing with the elderly person. It encourages him to think more clearly and motivates him for socializing, activities, hygiene, and nutrition.

Usefulness:

The skill, which is important for everyone in everyday life, is preserved in the following ways:

- with a positive, upright, determined, smiling attitude,
- by changing the questions, we constantly ask ourselves,
- by choosing and looking for positive meanings.

A person's posture says it all—both sadness and joy. If a person has a straight posture and looks forward or upwards, he is immediately in a better emotional state. It is part of life that we are not always in a good emotional state. But there are (NLP) methods that teach us how to (also) play this state; the body feels this game but accepts it. Of course, our positive attitude is influenced by sports, walking in nature, mountains, the sea, meditation...everything that balances our inner well-being.

We know that: "The song of birds, the croaking of frogs, the ringing of bells... All these and other sounds trigger a certain response in our subconscious. Whether or not we are aware of it, we subconsciously perceive tones and use them to create a picture of the world around us (Milford 2012)."

It is the same with everything else that is not mere sound.

The career often asks himself questions that hurt him and his thinking. "Why me in particular? Why always me? I always have to do these jobs. I'm for the most difficult jobs." These are typical questions of caregivers, which negatively impact him/her, colleagues, the elderly, and family members.

Hay (2018) explains: "I often say, 'That's the way I am or 'That's the way it is.'" What these words really mean is that we believe it to be so. Usually, our belief is just someone else's opinion that we have incorporated into our belief network."

By reframing the question, we can significantly influence our positive attitude, and NLP offers a rich range of tools and techniques for changing "built-in" beliefs.

Searching for different meanings of words is key in helping the caregiver and the elderly go through life in a more positive and relaxed way. A typical example from everyday life: "What a rainy day", affects us with all its weight. If we change this statement to e.g. "Today the sun is resting", it has a more optimistic effect on our feeling and thinking.

An elderly person's mood fluctuates daily, even from hour to hour. A positive attitude distracts him from feeling bad. It can make him laugh; it can encourage him to start telling stories from his youth that have already been told many times. This also means his good mood affects his sleep, feeding, activities, hygiene and more.

By trying to influence the goodwill of an individual, we also directly influence ourselves. And vice versa. A satisfied collective or just a caregiver in the family circle means a positive attitude, even when one member is in a bad mood.

Here we quote the thought of Dr. Krajnc (2018) regarding positive attitude, relevant for collective or in the family circle. "When working with employees, we must constantly build on relationships and trust, and above all check whether we understand each other."

A positive attitude in service is service. "Serving. Service is the basic way we treat our neighbors and ourselves. A warm, loving smile for someone who thinks all is lost, a sincere touch on the hand of someone who is desperate, a helping hand for someone in need, a kind word or prayer for a suffering animal, a sincere blessing on the food you prepare, joyfully helping a neighbor fix a fence, laughing heartily with a sick friend. These are all just a few examples of serving others. Serve with this thought – show the highest and best in you in all your actions (Baroody 2014)."

"*What you sow, you will reap*." What you try to create for another always comes back to you. This applies to loving, helpful and healing acts as well as negative and disruptive ones (Gawain 2012).

Possibility of use:

We use the skill every day. "Already in the morning, we change our attitude, ask ourselves a good question and find motivational, encouraging and kind meanings and purposes in life. With such a personality, the caregiver can only improve his mission (Šinigoj 2018)."

Extract from Bronnie Ware's book, Caregiver of the elderly and dying, which shows her positive attitude in the face of nagging old Rosemary:

"That mindset was typical of Rosemary, so I wasn't a bit surprised. Of course, it wasn't true that I was in a good mood all the time, but when I was, she immediately had something to complain about. So instead of responding with words, I just looked at her, did a pirouette, stuck my tongue out at her and left the room laughing. This clearly amused her, and when I returned to the room shortly afterwards, she had a mischievous and accepting smile on her face. After that, she never again condemned my goodwill so harshly (Ware 2013)."

2.8 Resolving problems & conflicts

About conflicts

Conflicts are in human nature. However, the right approach can resolve any conflict. Conflict can occur between a caregiver and an older person, a caregiver and/or family members, and oneself.

The problematic consequences of conflicts are slower problem solving, difficult communication, bad relationships, frustration, anger, and poor mental and physical well-being. Caregivers must take care of themselves to be mentally and physically fit to function (Work with elderly 2022).

The caregiver is often the target of conflicts. The elderly can be verbally or physically aggressive, which the caregiver should not take personally. Conflict can also arise with family members of the elderly, who may blame the deficient functioning. It can also be between family members, if one of them is a caregiver, most often due to overload. All of this can be a reason for a conflict with oneself, a reproach as to why he did not act differently (Work with elderly 2022).

How to solve conflicts successfully

For the successful resolution of conflicts, frankness, mutual trust, mutual readiness to accept new information, perseverance and determination are important. Everyone has a fundamental sense of personal dignity. When we are in conflict with someone, and our beliefs and values conflict with the interlocutor's, it is especially important to show the appropriate amount of respect. It is desirable to avoid "win-lose" behaviour and accept honest confrontation. Therefore, it is best to use the method "I win, you win" or "I'm fine - you're fine". When solving conflicts, we separate the problem from the person (we do not accuse and analyse the person, but concrete problems or behaviour in a certain situation), we focus on needs and desires, and on demands, and we act empathically (Selič 2012).

Resolving problems and conflicts

Problem & conflict solving is a process of developing self-awareness. Critical thinking skills are vital in the process of problem-solving. Individuals can think from different perspectives, using emotions, facts, creative, negative and positive aspects in order to have the whole picture of the

situation. Identification of problems and evaluation from different views would improve decision-making (Huey et al 2015).

People too often look for faults and mistakes only in others. The key question is: What can I change? How can I improve myself? (Krajnc 2018).

Further on we describe 2 techniques of solving the problems:

Problem-solving technique (PST) is a structured, research-based intervention. It is based on cognitive behavioural therapy principles that follow a logical sequence to identify, prioritize, explicitly define, and develop solutions for key problems. In PST, problems are examined systematically and solutions found without directly focusing on the emotion inherent in challenging situations. Problem-solving technique is very practical in its approach and is only concerned with the present, rather than delving into your past.

Problem-solving technique has been shown to help depression in caregivers, older adults, and people coping with serious illnesses like breast cancer (Cuncic 2021).

Further on are described steps in using problem-solving techniques, as described in Feldman et al, 2013; PRIME, 2021; Kurylo et al 2001:

1. Creating a problem list – write down the concerns and prioritize. Choose the one problem/challenge that is the highest priority for the caregiver. Acknowledge emotions, but focus more on concrete challenges. For example rather than focusing on the emotional piece of feeling “lonely” or “Overwhelmed” focus on a specific challenge that is triggering this feeling such as “I don’t have time for myself” , or “I’m doing everything on my own” , or I am not able to cooperate with children of elderly …
2. Clarify and define the problem – focus the challenges of the caregiver him/herself rather than the ones of the patient. Ask, “Why is this a problem or a challenge for you?” You may need to repeat this step several times to get at the underlying issue.
3. Very important is optimism regarding caregivers abilities to problem solve, viewing things in an optimistic light. Awareness that a.) problems are common; b.) part of everyone’s life, c.) problems can be predicted and prevented; and d.) caregiver can think about some problem solving successes in the past, what can give caregivers more optimism.
4. Establish objectives and achievable goals – try to reach a concrete and focused goal.
5. Brainstorm and work out alternative solutions for the problem – Generate as many ideas as possible. Remind the caregiver that at this stage the goal is to come up with as many options as possible without judging if they would work or not. Very few problems have only one solution. What can help at first, especially if you’re not sure what to do, is to brainstorm some possible answers. This gets easier as you do it more often. Try to make a list of at least two different possible solutions. Having more options will increase caregivers optimism about his or her ability to solve problems.
6. Discuss pros and cons for each solution
7. Choose the preferred solution(s)

When you’ve got a list and you’re at a brainstorming standstill, it’s time to pick one and try it. As you read through the list, what jumps out at you? Which one sounds like it will actually solve the problem? That’s the one you want to try first. For instance, if your senior has been angry a lot, maybe one of the solutions you try is talking with her doctor. Her doctor may want to run some tests and then you can go from there.

Maintaining positive problem orientation is also crucial during this phase, as a caregiver will most likely implement those solutions that he or she feels more optimistic about.

8. Discuss implementation of the solution(s) – create a detailed plan of how, when and where each step of implementation should take place, and who else they may need to involve to be successful.
9. Follow up - on the next visit to evaluate the outcome.

This self–monitoring component is crucial to promote the understanding about what made the chosen solution effective or ineffective and how to implement similar or alternative solutions in future problem situations.

Some concrete examples, of how caregivers can solve the problems through PS, can be found in readings of Feldman 2013: SUPPORTING CAREGIVERS (mountsinai.on.ca) , pages 4 - 7.

In general, the goals of problem-solving techniques are to help you to:

- Identify which types of stressors tend to trigger emotions, such as sadness, tension, and anger.
- Better understand and manage negative emotions.
- Become more hopeful about your abilities to deal with difficult problems in life.
- Be more accepting of problems that are unsolvable.
- Be more playful and systematic in the way you attempt to resolve stressful problems.
- Be less avoidant when problems occur.
- Be less impulsive about wanting a “quick fix” solution (American Psychological Association 2021).

Another technique very useful in solving problems and that can help caregivers in resolving problems is **Neuro-linguistic programming**. Neuro-linguistic programming (NLP) studies the ways our thoughts affect our behaviour. NLP refers to a strategy to reprogram your thought processes, look at past events from a different perspective, and make necessary lifestyle changes. In simple words, it is a way to take control of your life by controlling your thought process (Robbins 2022).

We invite you to watch 2 brief videos about the Mirroring technique – a technique that enables viewing the situation from different roles and perceptual positions; and is very useful for solving interpersonal conflicts.

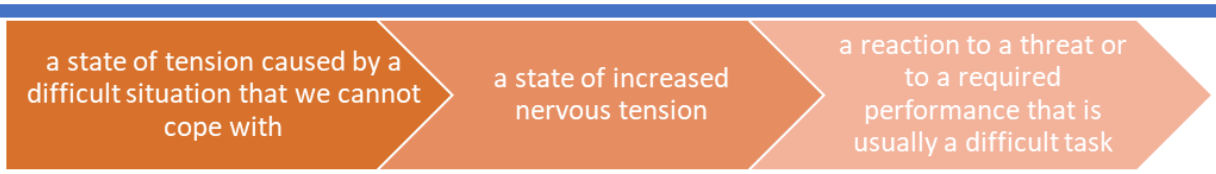
1- Using the NLP Meta Mirror process to improve your communication and your relationships: https://www.youtube.com/watch?v=7xHfaVlSJfg

2- What Mirror Mediation Can teach You –TEDx https://www.youtube.com/watch?v=Yv--OcsSKQ0

2.9 Stress & Time management

It happens to everyone to experience stress because, unfortunately, stress is a permanent element of our lives and we must have and develop the skills to deal with it.

The first step to manage stress is to understand what stress is. Stress is:



(SmartArt graph developed by Materahub).

Stress is also a reaction to the change that we constantly face in life and participate in. The new situation requires that we adapt to the new conditions and stress is an attempt to adapt our mind and body to a changing situation by means of a reaction

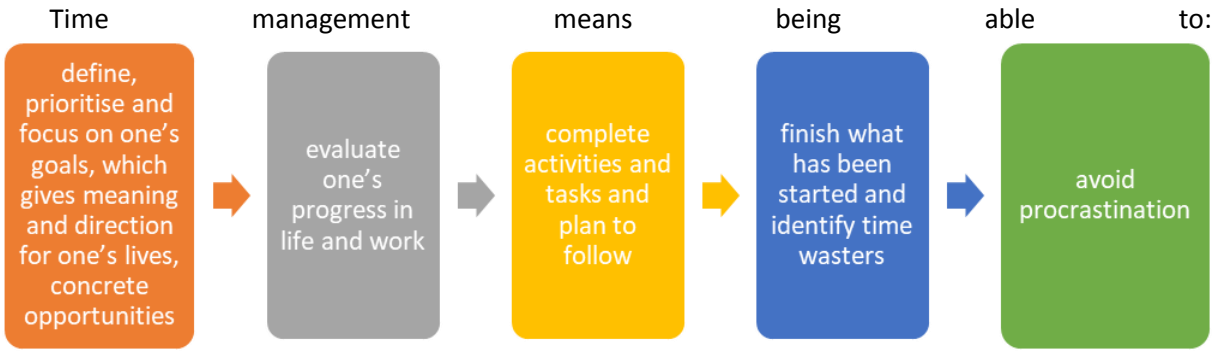
According to R.S. Lazarus and S. Folkman (Robert Sanders, Media relations| APRIL 16, 2013), stress is a specific relationship between a person and the environment, which is assessed by the person as a burden or exceeding his resources and threatening his well-being. In a stressful situation, man's beliefs, values and skills are confronted with the requirements, limitations and resources brought by the situation. This relationship is referred to as the transaction that takes place between a person and the environment.

If the situation is assessed as stressful, then the adaptation process is started by coping with it. However, stress is not always bad. Recent researches show that short-term not chronic stress boosts the brain for improved performance, inspires and motivates to focus one's energy to enhance performance.

Time management is strictly related to stress management as it refers to the ability of using one's time productively and efficiently, because time management is the process of planning and organising one's time to implement and complete different activities successfully.

Being able to manage time has various benefits including the opportunities to produce more and efficiently, to reduce stress, to gain better professional and personal performances, to achieve one's life and career goals, to balance work and private life to have more free time by wasting less time in purposeless activities/actions to .

However, it is important to highlight that good time management does not mean working more. On the contrary, it means focusing on the tasks that matter to be able to manage one's time effectively and to feel more relaxed, focused and in control. This will lead to a fulfilling lifestyle balance.



(SmartArt graph developed by Materahub).

2.10 Team work

As we get older, we become more and more different and complex, with unique needs (health care and social needs) that will hardly be ensured by just one professional. Therefore, the responsibility of professional caregivers involves valuing teamwork that allows for a more global and successful intervention. Improving the care of older adults in our healthcare system involves teams working together (Bhattacharya, SB et al., 2021).

Teamwork, as far as care for the seniors is concerned, should be supported whenever possible in transdisciplinarity. “In an interdisciplinary team, team members have shared responsibility in decision making. Each individual member of the team is contributing to reach a common goal, following the same protocols (…) with an interdisciplinary team approach, team members must consider the contributions of the other team members when making their own contributions” (Hintenach & Howe, 2020). -

According to the Personal Care Attendant Competency Development Guide (Leading Age, 2022) teamwork refers to team approach and collaboration with others to care for individuals. To demonstrate teamwork, the members should be able to:

- Identifies members of the care team in various long-term services and supports settings.
- Interacts effectively with others to achieve team goals, consistent with the team structure and lines of authority.
- Contributes as part of a multidisciplinary team and participates in teambuilding and group processes to meet the needs of co-workers and individuals.

Hence, the collaboration between different health and social care professionals is essential to respond to the complexity of care and support of older people. When professionals do not cooperate the risk of fragmented care increases. Collaboration is central, not only to optimize the team approach, but also to address the individual needs of older people and informal caregivers or other stakeholders (Roobdol & Luttik, 2019). Collaboration in professional teams involves sharing knowledge, perspectives, and responsibilities, along with mutual respect and willingness to learn together to improve the team performances (Roobdol & Luttik, 2019, pp. 194). The team should have time and space to reflect on their work, the process, the structure and outcomes.

Chapter 3 Overview of some good practices in the area of using non-standard tools and methods of training soft skills of senior's caregivers in all UE countries

AUSTRIA

Source/Link: Enhancing formal caregivers skills in dementia care Demenzstrategie.at - Gut leben mit Demenz - Plattform		
Available languages: German		
Target group: Professional and informal caregivers, volunteers, neighbors, relatives	**Type of best practice (governmental or non-governmental):** EU funded project Erasmus+, KA2 (partners organisations from IT, BE, DE, AT, PL)	**Form of source:** Book Movie DEMENZ - Begegnung in anderen Welten - YouTube
Summary: The Dementia Strategy Platform was founded to promote knowledge transfer and information exchange, to advance the implementation of the recommendations for action and thus to enable a coordinated approach for living well with dementia.		
Description: **Impact goals:** Strengthen knowledge and competence, ensure participation and self-determination of those affected. The dementia non-fiction book "Greta is no longer there" - self-published by MAS Alzheimerhilfe - offers something that is rarely found in the literature on dementia: A description of the care of a person with dementia from the point of view of a spouse over the entire period of illness. In the form of diary notes, we accompany Alfred through the ups and downs of accompanying his wife Greta, from the first signs of the disease to her death. It is a "true story": Alfred (name changed) has provided his diary records for this book. Spouses reading this book will feel less alone with their task. The second part of the volume provides answers to questions raised by the first part – and living together with a person with dementia. Concrete tips on topics such as sources of danger, emergency plan and memory album can be implemented well at home. This book is available for a		

donation from MAS Alzheimerhilfe.

BELGIUM

Source/Link: SAM web platform SAM Network: The SAM Network (reseau-sam.be)		
Available languages: French, Luxembourgish		
Target group: Professional and informal caregivers,	**Type of best practice (governmental or non-governmental):** SAM- web platform- The Caregivers Network is a project supported by Télé-secours, the King Baudouin Foundation, Partenamut, and all those who offered him their time. Funding from federal and/or regional and/or local institutions competent in this area.	**Form of source:** A Forum and social network A search engine for useful information A telephone information line Videos Podcast
Summary: Specialized and updated, this web catalog is presented as the Google of SAMs: it centralizes all the help and care that can be useful to you, classified by place and by type of service. A SEARCH ENGINE FOR USEFUL INFORMATION FOR SAMS- Search engine is very close to the needs of SAMs and simple to use. You will not find a robot but resources selected by SAMs, and designed by caregivers and professionals. These resources are therefore based on real life experiences and scientific legitimacy. Their ranking is established according to the stages of life and types of situations, through different formats: sheets, articles, videos, podcasts.		
Description: The SAM project started in 2016, at the initiative of Aidants Proches Bruxelles, followed by support from COCOF. Holder of the Social Merit Award of the City of Brussels in 2017, the project grows to be put online on September 26, 2018. The objective of this project is to make visible the existing offer for caregivers, in order to relieve their daily lives. Work on prevention by facilitating access to information and interactions with the SAM community. Prevention rather than cure.When life goes off the rails, the SAM web platform allows to easily		

find existing information, address professionals, avoid Google searches that often generate stress.

BULGARIA

Source/Link: https://journals.sagepub.com/doi/pdf/10.1177/2150132720906275

Available languages: English

Target group:	Type of best practice (governmental or non-governmental):	Form of source:
Formal caregivers	Project	Developing Capabilities From the Scope of Emotional Intelligence as Part of the Soft Skills Needed in the Long-Term Care Sector: Presentation of Pilot Study and Training Methodology.

Summary: The article presents the results of the preliminary survey and pilot application of the set of methodological tools for the improvement of certain skills, which are part of the transversal skills of professionals in the continuing care sector in Bulgaria. Based on the survey, the authors define 2 target competencies, namely conflict management and empathic interaction. These skills are considered part of the scope of emotional intelligence and its constituent dimensions, and the authors use Daniel Goleman's skills-based model as the basis for their conceptual framework and theoretical explanations.

Description:

Soft skills include the ability of professionals to be patient, manage conflict, show empathy, and so on. The growing awareness of the need for such skills makes several authors seek answers within the popular concept of emotional intelligence. To date, we are witnessing increasing efforts to link certain emotional intelligence skills to patient satisfaction, physical and psychological well-being, and last but not least, the level of job performance of healthcare professionals. From our point of view, the advancement in soft skills will pay off more when we focus on skills directly related to emotionality that are part of the scope of Emotional Intelligence. The modules were conducted over a period of 7 days, over 2 consecutive weeks. The training included a series of role-plays, discussions, small group assignments and activities with other students. reflection processes. Each of the modules focused on developing one or another of the skills, the first module targeting empathy and the second module the ability to manage conflict.

Relevant picture (if any):

CROATIA

Source/Link: Complete UMJ Toolkit.pdf (salto-youth.net)		
Available languages: English, Portuguese, Italian, Greek, Croatian and Polish		
Target group: For youth professionals (such as youth workers, teachers, lecturers, trainers and advisors)	Type of best practice (governmental or non-governmental): European project funded by Erasmus +	Form of source: platform
Summary: Understanding My Journey is a European project, and has been developed by organisations working to support young people in 8 countries. It is funded by Erasmus+.		
Description: “Understanding My Journey. Soft Skills Development for Young People” (UMJ) is a three year (Feb-2018 – Aug-2020) educational project implemented by non-governmental organisations in 8 countries: Croatia, Greece, Ireland, Italy, Poland, Portugal, Spain and the UK. Aim is to develop tools to support young people and youth workers in the process of conscious and structured soft skills development. Soft skills are the key competences relevant for future employability of youth. The objectives of UMJ project are: to improve young people’s engagement with and ownership of their soft skills development, to increase young people's employability and to raise awareness of the importance of soft skills development. To achieve these goals: identify the most important and relevant soft skills for young people, in terms of personal and professional development, gain an insight into existing good practice in supporting young people to recognise achievement in relation to soft skills, develop a toolkit that will guide young people to assess their achievements in terms of soft skills development and support them to recognise and articulate progress, create a web-based application that will complement the toolkit, providing an interactive platform for young people to capture their soft skills development journey and provide guidance for practitioners working with young people to support them to integrate the toolkit and		

ensure that young people are empowered to take ownership of their soft skills development.

CYPRUS

Source/Link: http://www.aal-europe.eu/wp-content/uploads/2019/12/WP1-D1.1-Analysis-of-services-V1.pdf

Available languages: English

Target group:	Type of best practice (governmental or non-governmental):	Form of source:
Formal and informal caregivers	Project The Senior-TV project is co funded by the EU AAL Joint programme and the related national. Authorities in Spain, The Netherlands, Cyprus, Romania and Slovenia.	Publication Senior-tv: Providing ict-based formal and informal care at home

Summary: Analysis of the state of the art of formal and informal care services in Romania, Slovenia and Cyprus (end-user countries in the SENIOR-TV project). The main objective was to identify synergies and reuse results: Requirements, analysis of existing formal and informal services that will serve as a basis for the requirements documents compiled subsequently.

Description: Cyprus was involved in the Elderly Care Vocational Training System (www.ecvleonardo.com) whose objective was to promote academically and socially skills for caregivers of the elderly through electronic methods and means of self-training. The ECV project addressed the current state and trends in training, social and Rehabilitation needs of Elderly Care employment in Europe to:Qualified elderly care professionals; Transparency of competences and; Acceptance of employment structures and services by the social partners.

The ECV project produced a Self-training Software, a Textbook, a Accreditation methodology and a Guide to Social Relations. ECV self-training software used a contemporary electronic PC platform with adequate data storage, fast retrieval advanced technology and advanced audiovisual media that enable trainees to learn the Vocational modules for "Service", "Cleaning", "Hygiene", "Entertainment"

and “Administration” at your own pace and in your own language. The successful diligent trainees were subsequently given the option to apply through the appropriate ECV mechanism network, to validate their skills and award the ECV Skills Certificate.

CZECH REPUBLIC

Source/Link: https://cejph.szu.cz/pdfs/cjp/2016/04/07.pdf

Available languages: English

Target group:	Type of best practice (governmental or non-governmental):	Form of source:
Informal caregivers	Project	Publication Family carers perspectives on integrated community care in the Czech Republic

Summary: The Czech Republic still has a history of informal family care provided mostly by women. A 2016 study focuses on this situation as a problem and tries to understand how public services provide care to informal care and families in health and social care systems at the community level.

Description: The problem of family care for people dependent on someone else has only recently become a focus of research. As the demand for health and social services has not been adequately met by public service providers, increasing attention has been paid to informal care and the integration of families into health and social care systems at the community level. This article presents the results of a survey on the views and opinions of informal caregivers on the current conditions of social support in the Czech Republic. The research was based on theoretical concepts of care societies, deinstitutionalization, refamiliarization and integrated community care, and aimed to clarify the experiences and needs of caregiving families in the Czech Republic. Lay family caregivers completed an original self-administered questionnaire. A convenient sample of 200 family caregivers was selected. The survey collected information on the most influential factors to determine whether families

continue to care for their relatives at home. More than 50% of caregivers provide care for moral and emotional reasons. Financial problems, risk of losing their job, and further deterioration of the health of the person they care for emerged as the main risk factors, but, in general, the determination among caregivers to continue providing care “at any cost” was high (53%) . Involve communities and local services, eg. general practitioners (GPs) to a greater extent in coordinating various social and health services and supporting mechanisms at the junction between informal and formal care would make it easier for family caregivers to continue to provide long-term care.

DENMARK

Source/Link: Retraining of social and health care assistants working in nursing homes with persons suffering from Dementia (Retraining of social and health care assistants - Respect & Respite (dcare.training)

Available languages: English

Target group:	**Type of best practice (governmental or non-governmental):**	**Form of source:**
Social- and health care assistants working in the elder care sector	A training project developed in cooperation between the municipality of Aarhus and SOSU Østjylland (https://www.sosuoj.dk/) within the Education (Further training of care staff) and elder care sector	DCare website – Collection of Best Practices

Summary: The training organised for social- and health care assistants working in the elder care sector with persons suffering from dementia was planned as an “action learning” course. It was a 5 days’ course spread over 2 X 2 days and a summing up day at the end. Between the two days, the participants met twice with their trainer and had sparring about the tasks they have solved in the interim periods. The participants had to be prepared before attending the course and they completed “ABC – Dementia” (An online course on dementia of about 6 hours) before attending it. The current course level: the European Qualification Framework (EQF) 4. Afterwards, their training programme was as follows: 2 days of training - 6 weeks at work (1 meeting) - 2 days of training (1 meeting) - 6 weeks at work - 1 day (Summing up).

Description: The course participants worked with learning loop periods at the workplace between the training days at the SOSU college, for the purpose of transfer. They were divided into staff groups from 4 care homes and they met in learning loop groups at work with the participation of trainers from SOSUØstjylland as facilitators. Each participant had to “identify/select” a person with dementia at their work place, a particular person that they found challenging. On day two of the course, they formulated a problem (dilemmas and action) and based on the dilemmas and action, a task/assignment was developed. The case was taken home in own work practice. Here the participants applied the theory they have learned to deal with the problem, focusing on the quality of life and well-being of the person with dementia. Actions were implemented in collaboration with the leader and learning partners/groups – involving the person with dementia, relatives and colleagues. For the first learning loop meeting, the participant brought a video recording of a situation, where new actions were tested. For the second learning loop meeting, the main topic was how the employee can continue to develop and maintain a person-centred care culture. What are the barriers and how can the organization maintain its implementation; what are your leaders’ tasks and what are your tasks?

The contents of the course were:

- day 1 and day 2: analysis of function, behaviour and everyday life (Application of ICF, the brain with focus on sensing and perception) and the introduction of reflection diary and presentation of the task for 1st learning loop / learning in practice
- day 3 an 4: general regulations, working with relatives and volunteers, their needs and how to agree on the collaborative process), the good working life and taking care of yourself / Creating a learning culture
- finally, preparation for learning loop / learning in practice. Introduction of reflection diary and presentation of task for 1st learning loop / learning in practice. Last day: Collection of tasks, sparring for solutions and suggestions for future implementation and facilitation of questions.

Relevant picture (if any):

ESTONIA

Source/Link: https://globaldementia.org/en/estonia-s-dementia-competence-centre

Available languages: English

Target group:	**Type of best practice:**	**Form of source:**
Elderly people Senior caregivers	governmental and non-governmental program	Publication and trainings

Summary: The Estonian Ministry of Social Affairs along with non governmental organizations created a Dementia Competence Center. The aim of this initiative is to improve the quality of life of caregivers and people with dementia. It also aims at improving the quality of care services by counseling, providing tools, good practices and training.

Description: DCC main actions are:

a) supporting creation of a dementia-friendly society;

b) supporting unified care service provision;

c) building support systems for people with dementia and their families

d) conducting academic research on dementia-related topics and share knowledge on best practices to stakeholders.

Relevant picture (if any):

FINLAND

Source/Link:

Global Education Park Finland - Services for international experts in the field of social & health care (https://www.globaleducationparkfinland.fi/)

Available languages:

English

Target group:	**Type of best practice (governmental or non-governmental):**	**Form of source:**
Nurses, elderly caregivers in family house and various actors, educational institutes and other entities involved within social and health-care services	Global Education Park Finland - Services for international experts in the field of social & health care	Global Education Park Finland website https://www.globaleducationparkfinland.fi/social-health-care/services-for-experts

Summary:

Global Education Park Finland offers trainings and other services within:

- Modern wellbeing
- Active ageing

- Health promotion
- Rehabilitation
- Digitalisation
- Public health services

In particular, their courses include: An introduction to Finnish expertise in social and health-care services, An introduction to the study programme of Practical nurse, Clinical Study Visit related to services for ageing citizens, Community Nursing, Elderly care in a family house, International Summer School of Healthy Aging, The Training Pharmacy, Professional training in Health and biomedicine.

Description:

Among all, two courses of specific interest are:

Elderly care in a family house

Learn to take care of elderly and mentally handicapped people in your home

- The coaching programme has been developed to meet the increasing needs of an ageing society
- The service model has been designed to perfectly meet the needs of customers
- Family care refers to the care of an elderly person in the family home of a nurse
- Family care offers the same familiar nurses and a cosy living environment for customers
- A customer’s specific individual needs are taken carefully into account
- Home as an environment supports an elderly customer’s ability to function actively
- The service model supports the role of participation by elderly citizens
- Through this excellent coaching programme, participants gain the knowledge and ability to engage in professional caretaking of elderly citizens in a family home.

An introduction to the study programme of Practical nurse

Discover the keys to arranging an effective education for future nurses

- A highly necessary training programme for the needs of the large field of social and health care services,
- Get an excellent introduction to this popular three-year study programme
- The programme leads to a Vocational Qualification in Social and Health Care
- After accomplishing general studies of the field of social and health care, the students deepen their expertise among the chosen specialist field
- A foreign student also has a possibility to participate in the study programme through

English language or with the help of an interpreter

Relevant picture (if any):

https://www.globaleducationparkfinland.fi/

FRANCE

Source/Link:

https://www.monalisa-asso.fr/

https://www.age-platform.eu/good-practice/monalisa-initiative-france-new-charter-and-association-fight-against-older-people%E2%80%99s

Available languages: French and English

Target group:	**Type of best practice:**	**Form of source:**
Elderly people Caregivers	Governmental and non-governmental Initiative	Event

Summary: Monalisa initiative was initiated in 2012 by the French Minister along with Les Petits Frères des Pauvres - AGE member organisation. Monalisa is a network which is aimed at fighting with people's isolation by organizing training for volunteers or sharing good practices. By 2019, over 500 organizations have signed the Charter of the Monalisa association.

Description: Monalisa initiative brings together non-profit organizations, volunteers and public institutions in order to fight with elderly people's social isolations. The main idea is to use existing structures to mobilize elderly people. This initiative offers: educational materials, trainings for volunteers, professional trainings at Monalisa training center , monthly newsletter, platform where you can share good practices.

Relevant picture (if any):

GERMANY

Source/Link: ''TRAINING FOR A-TYPICAL CAREGIVERS'' (http://eldicare.eu/)

Available languages: English

Target group:	**Type of best practice (governmental or non-governmental):**	**Form of source:**
• Elderly Care Givers • Elderly Care Sectoral Providers	EU co-funded Erasmus Plus Programme project	Eldicare website http://eldicare.eu/

Summary:

Eldicare is a project co-funded by the Erasmus Plus Programme of European Commission offering a pathway out of the grey market for atypical/undeclared elderly caregivers, through education and training in ICT & health applications.

Eldicare Online Learning Platform (https://learning.eldicare.eu/) offers different training courses including ''TRAINING FOR A-TYPICAL CAREGIVERS'' that is certified by ACQUIN, a member of

European Association for Quality Assurance in Higher Education (ENQA) and registered in the European Quality Assurance Register for Higher Education (EQAR).

Description:

The training programme consists of two curricula.

a) A-typical Elderly Care Givers (EQF Level 4) and

b) Elderly Care Sectoral Providers (EQF Level 5)

The first curriculum "**A-typical Elderly Care Givers (EQF Level 4)"** has a total duration of **53 hours** and consists of the following Units:

Unit 1: Core knowledge of elderly healthcare, first aid and quick understanding of symptoms

This unit will be focused on health-related skills and healthy activities, first aid and safeguarding and biography, issues and symptoms.

Unit 2: Information Handling, Data Analytics - IT skills and Digital skills

This unit will be dedicated to the Information Handling, Digital and IT skills and to introducing Administration Systems & Data literacy.

Unit 3: Communication, judgement, interpersonal & relevant soft skills for the elderly caregivers

The main components of this unit will be: Communication & social skills, collaboration, interaction & empathy and interpersonal skills - emotional care.

Unit 4: Problem solving, Managing Critical situations & Dealing with Grief

The main elements of the 4th Unit will be: Problem Solving, Responding to Critical Situations / Safeguarding and Dealing with loss & engaging with welfare.

The **learning objectives** of this curriculum are:

- To *acquire* basic knowledge of conditions, health and safety issues (triggering issues and symptoms)
- To *familiarise* with handling of information, ICT skills & basic administration systems (documentation and record keeping)
- To *enhance* communication, empathy & interaction in multicultural environments and between care givers and elderly people
- To *improve* problem solving skills, as well as safeguarding & management of critical situations (learning to deal with grief and loss)

The second curriculum – ICT Focused Training for the Elderly Care Sectoral Providers (EQF level 5) – has a total duration of 46 hours and consists of four units as well. Its learning objectives are to

enhance health related skills, to familiarise learners with documents, code of conduct and basic administration systems, with digital resources, ICT skills, information and data literacy, to enhance problem solving skills, as well as legal, data protection and financial issues. Both curricula have already been certified by ACQUIN, a member of European Association for Quality Assurance in Higher Education and registered in the European Quality Assurance Register for Higher Education. The online learning platform includes the learning material, created by the project consortium. This material is openly accessed by any person that serves as atypical caregiver, by professionals working in the elderly sector or by any person who is interested upon these thematic fields. The platform also serves for the piloting process carried out in the respective project countries.

Relevant picture (if any):

http://eldicare.eu/

GREECE

Source/Link:

https://www.nstr.gr/

https://www.snf.org/en/newsroom/news/2017/10/160-plus-home-care-program-for-people-with-dementia-by-the-psychogeriatric-association-nestor/

Available languages: Greek and English

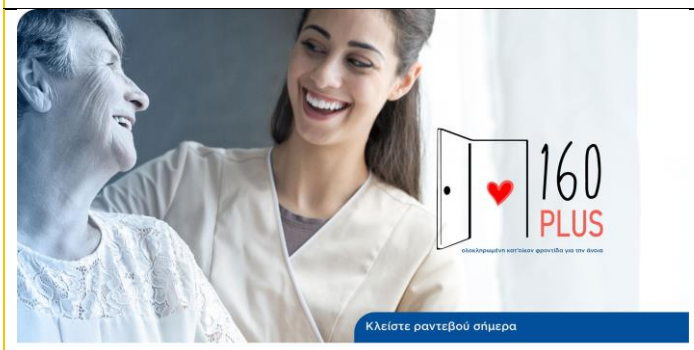
Target group:	**Type of best practice (governmental or non-governmental):**	**Form of source:**
Elderly people Caregivers	Program	Trainings

Summary:

Psychogeriatric Association “Nestor” supported by The Stavros Niarchos Foundation introduced a “160 plus” program that supports Alzheimer’s patients and their caregivers. Program supports people living in the Municipality of Athens and helps more than 160 families.

Description:

The program is free of charge and provides comprehensive and specialized support to the patient and his/her carer. During the program patients are visited by specialized staff: psychologists, social workers, therapists and volunteers. These visits take place once a month in order to provide psychological help, ask for any needs and if needed ask other specialist for intervention.



HUNGARY

Source/Link: https://www.interreg-athu.eu/fileadmin/be_user_uploads/Co-AGE/SUCCESS_FACTORS_FOR_ESTABLISHING_ACTIVE_COMMUNITIES_FOR_THE_ELDERLY.pdf

Available languages: English

Target group:	Type of best practice (governmental or non-governmental):	Form of source:
Formal and informal ceregivers	Project, Austria - Hungary INTERREG Programme ATHU123 Co-AGE Project: “Institutional cooperation to promote the establishment of age-friendly and caring communities”	Publication Success factors for establishing active communities for the elderly

Summary: This study has been carried out as part of the professional strategy of the Co-AGE project “Institutional cooperation to promote the establishment of age-friendly and caring communities” and it is intended to be part of the guide given to a network of innovative, self- supporting communities and regions. This project has developed a solution to reduce everyday problems of older people. The solution is based on volunteering and cooperation across borders. The aim of the study is to introduce a general idea of volunteering, to present the challenges of the ageing society and to pave the way to establishing age-friendly communities by interpreting best practices. All these contribute to the successful implementation of the project. The study consists of four main parts.

Description: The active aging strategy in elderly communities needs to be comprehensive, focusing on all stages of life, in addition, it must be preventive, inclusive and allow flexibility in its use. To achieve this objective, all sectors involved must operate in coordination and cooperation. The establishment of active elderly communities should involve and leverage best practices and initiatives in the functioning of care institutions. This lessens the daily burden on assistance institutions, which face a shortage of manpower. Cooperation and coordination contribute to the efficient delivery of care services and establish better conditions for both beneficiaries and workers.

In conclusion, the success factors in the establishment of active communities for the elderly can be defined as a set of good practices and innovative activities, which enable, maintain or even strengthen these communities and can be integrated into the elderly care system in the municipality. long term. Improvements in the field of digitization and ICT devices, which made it possible to communicate with the family during the pandemic - is one of the factors. Another success factor is the active participation of people and NGOs in the care of the elderly, helping with the delivery of meals, shopping or daily activities. Club meetings and personal contacts have been replaced by online communication, including online counseling and office management. Regular phone calls, mental helplines, daily counseling, increased care for the elderly and informal conversations with them (volunteer dispatch centers) are the activities that have been undertaken to replace in-person visits. One of the most outstanding and effective success factors was the “Neighborhood Assistance” program („Nachbarschaftshilfe für Ältere”) in Styria, Austria. It was started due to the increased needs of the elderly during the COVID-19 pandemic, with the aim of eliminating the risks of the virus in the elderly and allowing them not to leave their homes during the pandemic. The next factor to be highlighted is the 'Telefonkette', which is a call center, which provides the contacts of volunteers for

those elderly people who live alone and feel lonely and need to encourage communication with someone. Through telephone conversations, volunteers provide counseling to these elderly people. The involvement of higher education student volunteers in the COVID-19 testing procedure or other procedures should be considered a best practice. In order to alleviate the labor shortage of skilled caregivers and social workers, employing staff from other countries is also a success factor. In addition, the improvement of education and training of people who work in assistance, raising the level and quality of social assistance - must be on the list of success factors. In Austria, creating age-friendly environments has been a priority for a long time. The number of age-friendly settlements is continuously growing. In 2004, the age-friendly community award was founded by Pensionistenverband Österreichs (Association of Pensioners of Austria) and the charity organization Volkshilfe. These communities are awarded every two years, which implement successful projects to support the elderly and create age-friendly environments. Within the scope of the Co-Age project, several agreements were awarded and must be considered as a factor that contributes to the success of the program.

Graz was awarded twice for the implementation of two successful projects. One of them was A SenEmpower – Hallo Nachbar!, implemented in six EU regions, including Graz. The aim of the project was to improve the social integration of the older generation. Well-trained volunteers visited seniors and provided detailed information about opportunities, programs and services available to seniors. The other project - still in progress - is Points4action, which aims to foster cooperation and intergenerational activities. Common programs are organized for young people aged between 13 and 19 and for the elderly and young people are awarded 'bonuses' that can be converted into cinemas, local restaurants and bookstores.

District 22 in Vienna (Donaustadt – 22.Wiener Gemeindebezirk) has also implemented a successful project. Organized programs for seniors are a priority in this region. Meetings and 'Laughter Clubs' (Lachclub) are held regularly for seniors, where a trainer facilitates the workshop.

Relevant picture (if any):

IRELAND

Source/Link:

https://internationalcarers.org/wp-content/uploads/2020/08/IACO-ICP-IRELAND_web.pdf

Available languages: English

Target group:	**Type of best practice:**	**Form of source:**
Elderly people Caregivers	non-governmental project	Online platform Publication

Summary: Care Alliance Ireland is leading the Family Care Training initiative. The main goal is to provide training and support for caregivers. It helps caregivers to learn and share good practices, experience and knowledge on a national and international level. The project also provides the latest research outcomes. By providing such assistance care professionals are prepared to provide high quality services.

Description: The Family Care Training initiative was divided into 3 parts: interactive seminars, evidence-based discussion and implementation of the online support platform. The final outcome (online platform) provides variety of trainings led by different support organizations, resources ranged from specific (eg. dementia) to more general such as soft skills training. It also allows the user to check upcoming training available in Ireland, search for a variety of articles or organize one-on-one sessions.

Relevant picture (if any):

Care Alliance Ireland

ITALY

Source/Link:

DEMETRA - Enhancing formal caregivers skills in dementia care (DEMETRA - SERN)

Available languages: English, Italian

Target group:	**Type of best practice (governmental or non-governmental):**	**Form of source:**
Formal caregivers	EU funded project Erasmus+, KA2 (partners organisations from IT, BE, DE, AT, PL)	Project website DEMETRA - SERN

Summary:

In dementia care context it has been noticed that formal caregivers have needs for a scaffolding function in following areas: training on communication with demented; training on how to relieve from stress; developing emotional and relational competences in front of elderly and their decline, even in normal ageing. Previous studies suggested that positive psychology training aimed at improving the psychological well-being and emotional skills of caregivers; formal caregivers can have beneficial effects form such training in terms of relationship with elderly and demented people. This background supports the urgent need to map and understand the situation of the caregivers and to give them the needed skills to support their work with the people affected by dementia.

Description: The Demetra project’s ultimate goal is to enhance formal caregivers’ ability in emotional regulation by positive psychology and mindfulness based training.

The main objectives of this project are to:

- establish a common and shared knowledge for the personal growth of caregivers in elderly care
- develop a care concept focused on relationship as main field for patients and carers well-being
- improve workers attitude towards well-being through the assimilation of multidimensional actions (movement, massages, physical exercise, mindfulness, cognitive and emotional competence skill training
- create a transnational pool of trainers who shares knowledge and who support single local context, models and methodologies
- transfer best practices from local testing through transnational training

The project activities include 3 learning and teaching training activities in the participating

countries (Belgium, Italy, Austria, Germany and Poland).

The training package includes 7 different steps, which together complement each other with the aim of providing a wealth of resources applicable daily in the life and care of people with dementia. The themes developed include topics related with:

- dementia and the subjectivity of the disease that is different from person to person
- the connection between physical, emotional, and psychological states that influence well-being and behaviour.
- some of the main theories concerning change, motivation and the management and knowledge of emotions
- modes of communication, ways of working, and collaboration among peers.

All these issues were also developed through exercises and group discussions, with the aim of contributing together to further enrich the wealth of resources that we would like to implement.

The training of caregivers in the different countries counted on the participation of around 250 participants and the impact of the training has evaluated very effective and innovative thanks to the international perspective in which it has been developed and implemented.

As for the impact of the project, it contributes to increase the quality of social services provided to elderly people with dementia and their families by the caregivers.

Relevant picture (if any):

Source DEMETRA - SERN

LATVIA

Source/Link: Improve your communication skills between the generations in Latvia - ADVIT Moldova (voluntariat.md)		
Available languages: English		
Target group: volunteers	Type of best practice (governmental or non-governmental): European Association “World-Our Home” is an NGO active at European level working in youth, social, educational and cultural fields	Form of source: Event Trainings
Summary: Improve communication skills between the generations in Latvia. Volunteers tasks will be to make the retirement age people’s life more interesting and active, help them to gain personal and social awareness. Volunteers and the staff working in the center will learn from each other, gain mutual understanding, will make the link between younger and older generation, as well between different nationalities.		
Description: The project objectives are the following: to give young people opportunities to learn new set of professional skills, gain experience in leadership, team building and communication, develop intercultural dialogue and cooperation between young people and local inhabitants for better employment opportunities in the future. Volunteers will give English, German, English, Spanish, French lessons (depending on their own native languages). They will organize informatics classes, cookery, sport lessons for seniors and young people with disabilities. Volunteers will be able to intensively practice Russian and Latvian in the center. Volunteers will gain non-formal learning while doing their work by communicating with their colleagues, other volunteers and local people. The volunteer will have 7 working hours every working day. The volunteer will have two days off per week on Saturday and Sunday. Volunteer will participate in on-arrival and mid-term trainings organized by Latvian National Agency. Volunteer will have access to the online Latvian language course. Volunteer will be able to do other creative activities in the city, cooperate with other volunteers from different cities and organisations.		

LITHUANIA

Source/Link:

https://globaldementia.org/en/innovative-digital-training-opportunities-on-dementia-for-direct-care-workers-lithuania

https://fi.ktu.edu/news/computer-game-for-training-dementia-carers-will-be-accessible-online-for-free-4/

Available languages: English

Target group:	**Type of best practice** non-governmental and governmental Mobile application	**Form of source:**
Caregivers		Game

Summary: Specialists from Kaunas University of Technology together with colleagues from other countries prepared a computer game for dementia carers. It’s aim is to better understand patients, build confidence, improve job satisfaction and enhance overall quality of care.

Description: The game presents real life scenarios for dementia care. Your task is to deal with problems that are common for dementia patients and keep the quality of his/her life on the highest possible level. The end goal is to understand patients' daily struggle and learn how to be the best possible caregiver.

Relevant picture (if any):

LUXEMBOURG

Source/Link: https://eurocarers.org/wp-content/uploads/2018/09/Eurocarers-Skills-and-training_final.pdf		
Available languages: English		
Target group: Informal caregivers	Type of best practice (governmental or non-governmental): Project- Informal Elderly care and female labour force participation across Europe. Study conducted in Austria, Belgium, Denmark, the UK, Germany, the Netherlands, Luxembourg, France, Ireland, Italy, Greece, Spain and Portugal - ENEPRI Research Report, Viitanen, 2015	Form of source: Publication Informal carers' skills and training – a tool for recognition and empowerment

Summary:

Informal caregivers acquire a wealth of skills and experience in carrying out their caregiving tasks. These skills and competences are generally undervalued. Recognizing and developing the skills of informal caregivers is critical to ensuring caregivers' crucial contribution to long-term care systems. Recognizing and developing the skills of informal caregivers is therefore useful not only to improve caregivers' quality of life and their careers, but also to contribute to the sustainability of our care systems and to the (feme) employment goals of the HUH.

Description: Learning opportunities are highly valued by informal caregivers and are recommended by health and training professionals as well as academic research. Even so, the development of initiatives aimed at increasing and adapting training opportunities for informal caregivers remains globally insufficient, extremely fragmented and uneven in the European Union. As is also the case with other support services, training opportunities vary greatly across countries, regions and even availability - with very limited opportunities in Bulgaria and Slovakia, and more developed training opportunities available in Finland, Germany, Italy, Sweden and the United Kingdom. Civil society organizations play an important role in providing available support services, together with the government and the private sector.

In addition to the lack of training opportunities, informal caregivers face the multiplicity of obstacles to accessing training, namely the lack of geographical accessibility, lack of information, organizational difficulties (most caregivers have great difficulty in freeing themselves from their responsibilities care, as well as other family and professional commitments, to participate in training courses), or lack of

self-knowledge as a caregiver. Even in countries where training opportunities are diverse, their low uptake remains a major concern.

Existing training - what do caregivers need most?

Among the existing training opportunities, the following types can be identified:

1. Professional professional training, also open to informal caregivers who wish to obtain a formal qualification;
2. Training developed in the health sector with the aim of providing caregivers with the necessary skills to maintain the health status of the patient who is discharged at home, as well as to maintain their own health;
3. Training developed by Civil Society Organizations in the continuation of their role as information providers, generally free of charge and open to all caregivers in a flexible way;
4. Training developed by Civil Society Organizations, specifically aimed at disadvantaged caregivers in the labor market, with a view to improving their situation, characterized by intense support and the desire to obtain certification.

Content and pedagogical approaches may differ significantly from one initiative to another. However, all stakeholders agree on the need to develop some categories of competences in particular: specific health competences related to emergency situations and disease management, transversal care competences, including communication, future planning and decision-making; and training to help caregivers manage their own health condition.

Relevant picture (if any):

MALTA

Source/Link:

https://www.inia.org.mt/wp-content/uploads/2019/12/4.2.3-CT-for-Informal-Caregivers-of-PwD-in-a-Rehabilitation-Hospital-pgs-108-121-Final.pdf

Available languages: English

Target group:	**Type of best practice (governmental or non-governmental):**	**Form of source:**
Caregivers (to persons with dementia)	Project Initiative Mobile application Campaign/ Movement A relevant policy implemented in a real-life setting Other	Video Event Software Publication Other: training programme

Summary: Making caregivers aware of the communication strategies they use with PWD is important. This increases their awareness on how they can promote successful communication to maintain and improve the relationship between themselves and PWD.

Description:

Sessions facilitated by nurse Speech and Language Pathologist and Occupational Therapist. Sessions delivered over 12 week period:

Session 1: Nurse: caregivers introduced themselves. Nurse then talked about the care and needs of PWD; use of signs and pictures was suggested to help PWD maintain the familiarity of household rooms and objects.
Session 2: Pharmacist: discussion of medications taken by PWD and their side effects.
Session 3: Occupational therapist: how to provide a safe and communication-friendly environment for PWD; suggested use of different cueing strategies including signing, semantic, phonemic, repetition and visual - to help PWD remember familiar words; minimise use of questions; prepare PWD about future events to decrease agitation; talk to the PWD about meaningful past events to help them feel secure; not raising one’s voice to talk to PWD as this may increase their frustration; to provide a daily routine to provide information about

what is going to happen. Communication Training for Informal Caregivers of Persons with Dementia in a Rehabilitation Hospital 112
Session 4: Geriatrician: question and answer session dealing with the caregivers' concerns; the importance of checking PWD hearing abilities as this may affect communication.
Session 5: Malta Dementia Society representative: information was provided on the Malta Dementia Society support services and activities;
Session 6: Multidisciplinary Care Team: cultural outing for caregivers and PWD;
Session 7: Speech and Language Therapist: how to deal with communication difficulties exhibited by PWD; using one's name to introduce yourself to PWD; offer choices when talking to PWD; to provide information about what will happen throughout the day; not to continuously ask questions as this requires constant access to the declarative memory; using symbols and visuals to deliver messages and aid in comprehension; use simple commands and familiar words when talking to PWD; to repeat instructions to give PWD time to process information heard; do not contradict PWD and adapt to PWD communication level.
Session 8: Psychiatrist: a discussion on the importance of taking care of the caregivers' and PWD's mental health;
Session 9 & 10: Speech and Language Therapist: discussion about memory strategies and behavior management used when caring for PWD; communicate facing PWD; to speak to PWD in a gentle and encouraging tone to promote communication; minimise use of continuous questioning; use photos from the past within their home environment so as to help PWD recognise they are in their own home; swallowing difficulties associated with dementia;
Session 11: Physiotherapist: how to carry out exercises to keep a PWD active, as well as, prevent falls and proper handling of the PWD;
Session 12: Multidisciplinary Care Team: closing remarks and lunch.

Remarks: This research project has the potential to enable Speech and Language Pathologists to provide caregivers of persons with early to moderate stage dementia with more specific 'talk practices' on how to maintain communication whilst interacting with PWD. This can be achieved by carrying out workshop sessions, involving role-play to demonstrate the use of these 'talk practices'. Enabling caregivers to implement these 'talk practices' can help in reducing challenging behaviours PWD exhibit resulting from communication breakdown, possibly reducing caregiver stress and burden

Relevant picture (if any):

THE NETHERLANDS

Source/Link: DEAL: Dementia, Education, Approach, Life (https://deal-project.info/)

Available languages: English, Italian, Greek, Spanish, Dutch, French

Target group:	**Type of best practice (governmental or non-governmental):**	**Form of source:**
• Trainers and teachers in care educations • Students at care educations • Care staff • Decision makers in the field of education	A training project developed in cooperation between the municipality of Aarhus and SOSU Østjylland (https://www.sosuoj.dk/) within the Education (Further training of care staff) and elder care sector	Deal project website https://deal-project.info/

Summary: “DEAL – Dementia, Education, Approach, Life” was a 2-year European project, which aimed to improve the competences of teachers and caregivers and to extend the cooperation between educational institutions and caregiving organizations. The project started in November 2018 and ended in December 2020.

The project was carried out internationally to exchange experiences and best practices among very different ways of caring for people with dementia in different countries – including differences in the approach to the person in need of care. It was successfully implemented by eight partners from Denmark, Greece, Italy, Netherlands and Spain.

Description:

The project partners work in the field of education, training and/or care of people who are in a vulnerable position by suffering from dementia.
Besides the direct target groups including trainers and teachers in care educations, students at care educations, care staff and decision makers in the field of education, DEAL project also targeted relatives of people with dementia as well as the final beneficent is the person suffering from dementia of course.
The objectives are:
improve the competences of teachers and trainers who educate and train caregivers about dementia

- improve competences of the care givers about dementia
- extend and qualify the cooperation between educational institutions and caregiver organizations
- elevate the status of care for people with dementia as it is a low-status area in the field of care
- give suggestions and recommendation to the decision makers in the field of basic health care education

The activities of the DEAL project included:
- Workshop on practice in the field of dementia in Denmark, Holland, Italy and Greece: 2 days workshops at national local level in each country, where representatives from education (teachers/trainers) and care organizations (caregivers) meet, discuss challenges and possible

solutions and develop SWOT analysis. The workshops give recommendation for the contents of training material.

- Development of a training program/training course/training material in two steps with the piloting in between.
- Piloting where the applied method is PDSA : Plan, Do, Study and Act, which is a part of theoretical and methodological framework called System of Profound Knowledge, developed by Edward Deming.
- Production of a video aiming at elevating the status of the care for people with dementia. In general, care for people with dementia has a low status. It is considered challenging, difficult and painstaking. People suffering from dementia have a wide range of difficulties such as personality changes, loss of memory, loss of physical functions and agitated behaviour. The care is characterized by ethic and other dilemmas for the caregiver, meaning that it is not always possible for him or her to find an optimal solution, and this can be very frustrating.
- Policy report addressing decision makers in the field of education at national level and containing recommendations and suggestions for improvement of the training/education of caregivers giving care to persons with dementia.

The aim of the training program was to provide specialized knowledge on dementia and methods for supporting and caring for people with dementia.

The training program that was developed consists of the following modules:

a. Dementia and brain functioning
b. The person-centred approach
c. How to communicate with people with dementia, with their families and with colleagues
d. Behaviour challenges of people with dementia and how to cope with it
e. Non-pharmacological interventions and sensory stimulation
f. Dementia friendly environment
g. How to be a caregiver of a family member with dementia
h. Work stress and burnout of caregivers

Relevant picture (if any):

DEAL
Dementia. Education. Approach. Life

https://deal-project.info/

POLAND

Source/Link: https://www.alzheimerija.pl/o-projekcie.html

Available languages: Polish

Target group:	**Type of best practice** non-governmental	**Form of source:**
Caregivers	Project	Webinar Training

Summary:

The project “ Alzheimer i Ja - razem zrozumiemy” is led by foundation KTO TO - Zrozumieć Alzheimera. Their goal is to create a place where caregivers can be supported by specialists and volunteers. This is the first project in Poland that offers support to caregivers by organizing meetings with experts, webinars and online support groups.

Description:

Senior caregiver can take part in workshops that better explain Alzheimer’s disease, how to deal with people affected etc. He or she can talk to the specialists, people who are in the same situation or ask volunteers to take care of the senior to have a little bit of time for themselves. The project also provides classes conducted by neuropsychologists where both caregiver and senior can participate in rehabilitation and therapeutic activities.

Relevant picture (if any):

PORTUGAL

Source/Link: https://cintesis.eu/en/portfolio-items/isupport-portugal-2/

Available languages: English, French, Spanish and Portuguese.

Target group:	Type of best practice (governmental or non-governmental):	Form of source:
Informal caregivers	Project WHO A relevant policy implemented in a real-life setting	Publication https://www.who.int/publications/i/item/9789241515863

Summary:

iSupport is an online support and training program for informal caregivers of people with dementia. It was developed in 2017 by the World Health Organization (WHO), and this organization granted an exclusive license to the Abel Salazar Institute of Biomedical Sciences of the University of Porto in Portugal (ICBAS-UP) to adapt the program to the Portuguese population. iSupport-Portugal is the result of this adaptation work, carried out by ICBAS and CINTESIS in partnership with the Alzheimer Portugal Association and, internationally, with the World Health Organization.

Description:

Informal caregivers of people with dementia are often exposed to a variety of stressors and can see their physical and mental health negatively affected in the provision of care. These caregivers are more likely to have overload, as well as anxious and depressive symptoms when compared to both the general population and caregivers of people living with other chronic diseases.

iSupport is a program that aims to provide education, skills training and support to informal caregivers of people with dementia. The program comprises 23 sessions, spread over 5 modules, and accompanying exercises, namely: (i) introduction to dementia; (ii) being a caregiver; (iii) take care of me; (iv) provision of daily care; and (v) dealing with changes in behavior, the intervention plan being able to be customized according to the caregiver's needs, preferences and availability. It features interactive exercises with immediate feedback and the ability to record and monitor your mood over time. iSupport uses problem-solving techniques and strategies used in cognitive-behavioral interventions. It has a manual that can be printed and used offline, allowing a wide reach of the

program, mainly in regions of the world with low bandwidth and/or internet connectivity. iSupport is a self-help tool for caregivers of people with dementia, including family, relatives and friends. iSupport can be adapted to national or local contexts and needs. Once adapted, caregivers can choose to work through all modules and lessons consecutively or select the lessons most relevant to their everyday life. All lessons consist of short readings, descriptive examples and various exercises. Caregivers receive feedback as they work through each exercise.

The iSupport-Portugal project aimed at translating, culturally adapting, evaluating usability and studying the effectiveness of this innovative intervention program. The first phase of the iSupport-Portugal project (2018-2019) consisted of carrying out a study of translation and cultural adaptation of the program. The second phase of the project (2019-2020) consisted of studying the usability and user experience with the iSupport-Portugal program. The Portuguese version of the iSupport program aims to reduce perceived burden, anxious and depressive symptoms and increase quality of life, aspects of care delivery. of care and overall self-efficacy, compared to a basic educational intervention (control condition) (ClinicalTrials.gov, NCT04104568, filed September 26, 2019).

The conclusions of the iSupport-Portugal project were relevant in terms of research, practice and political/strategic decision-making within the scope of support services for informal caregivers of people with dementia.

Relevant picture (if any):

ROMANIA

Title of the practice:

THE ENHANCING LABOUR MARKET INTEGRATION OF ELDERLY FAMILY CARERS THROUGH SKILLS IMPROVING" (ELMI), a Leonardo da Vinci Transfer of Innovation project

Source/Link:

Practice from Romania

https://cdn.website-editor.net/6f7dee33f0b848aa9fa283be696150a1/files/uploaded/io1a3_National_Report_RO.pdf

The project website: www.elmiproject.eu

Available languages:

Course in Romanian, source of info English

Target group:	Type of best practice (governmental or non-governmental):	Form of source:
caregivers	Project Initiative Mobile application Campaign/ Movement A relevant policy implemented in a real-life setting Other	Video Event Software Publication – handbook Other: online training, e-platform

Summary:

The project developed an Online training course for informal (family) careers of the elderly – www.elmicourse.eu, with a special focus on the care of older persons with Alzheimer's dementia. The course aimed at informal careers acquiring skills in elderly care, allowing them to face the challenges of this role, and also for their ulterior professionalisation and integration on the labor market. The themes approached in the training program concern elderly care (nutrition, communication etc.), problems generated by the most frequent pathologies (with a special focus on Alzheimer's dementia), stress prevention, and support from social services.

Background of the online course: developed in Italy in 2011, and through this project transferred to

Romania (and partly to the Czech Republic and to Poland)

7 partners formed the consortium from 5 countries: Romania (Asociatia Habilitas – CRFP –coordinator, Romanian Alzheimer Society, Caritas Confederation Romania), Italy (Anziani e Non Solo), Poland (University of Lodz), Czech Republic (European Development Agency) and Austria (E.N.T.E.R).

The duration of the ELMI project was 2 years.

Description:

Specific goals:

- Identify the new job profile and competencies for elderly care, which is emerging from the contemporary changes in care services;
- Develop a multimedia training course to enhance the competencies of low skilled elderly care workers to perform a better job role, to address care organisations' needs and to complement the initial qualifications of these care workers;
- Pilot the B-learning training course for elderly care workers;
- Create a good practices guide on the humanist approach to support elderly care settings.

Impact: the ELMI online training - proved to be an important tool for caregivers in management of Alzheimer's disease patient in Romania

SLOVAKIA

Source/Link: https://ibimapublishing.com/articles/JEERBE/2022/212233/		
Available languages: English		
Target group: Informal caregivers	Type of best practice (governmental or non-governmental): Project	Form of source: Publication Webssite – https://cejph.szu.cz/pdfs/cjp/2008/01/05.pdf

Summary: The aging of our population represents a most significant demographic change. It represents important challenges and consequences for the nation's economic, social, and health institutions and for the health and well-being of older persons and their families.

Old people over 60 are now the most rapidly growing segment of the population and represent 20% of all Slovak inhabitants. Because of the high prevalence of morbidity and disability among the elderly they are the most important consumers of health care and social care services, both extramural and intramural.

Long-term care is a relatively closed system of health care and social care services. Initially, long-term care policies were formulated as a response to ageing of the population, which brought about growing needs of elderly people for social care and health care, and was associated with relatively rapid increases of necessary costs.

All industrial countries are facing similar problems when it comes to the integration of long-term care. In developed countries, current long-term care focuses on all age groups in need of assistance and support from others due to the limitations caused by their state of health.

Long-term care within the public services system does not exist in Slovakia.

Description: The funding of the LTC system is not sufficiently prepared for the demand, which is expected to increase in the coming years at the same time as Slovakia's population ages (OECD 2017, pp. 133-134). Projections show that the number of people in need of LTC will increase from 510,000 in 2015 to 770,000 in 2070. This represents a 52% change, which is higher than the 25% increase in the EU (European Commission 2019, p 459) . Significant investments will be needed to meet the growing demand for LTC (European Commission 2019a, p. 31). To ensure better financial stability, higher public subsidies are foreseen based on a positive outlook for economic development. Since 2018, the state has paid financial contributions to social assistance providers to help combat low wages in the sector. Furthermore, there is a growing interconnection between health and social LTC in the form of greater use of health insurance funds (Gerbery & Rastislav 2018, p. 4). Since 2014, social assistance institutions can receive reimbursement for nine medical services from the health insurance fund (Smatana 2016, pp. 146-147). Increasing customer contributions is seen as another option to improve the financial stability of the system (Gerbery & Rastislav 2018, p. 4).

There is expected to be an even larger "care deficit" in Slovakia in the coming years. The nature of the

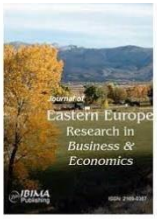
“Slovak care deficit” results from the fact that many elderly people in need of LTC do not receive any social assistance. However, this is not due to a shortage of local (national) labor, but to inadequate funding and efforts to meet LTC needs primarily through family members (Nádaždyová et al. 2013, p. 6).

The fragmented organization of the LTC system makes it difficult for beneficiaries to access and use it. The multiple service channels from different agencies make the system not very transparent and difficult for users to navigate. The bureaucracy involved in assessing the need for care is onerous and the various types of assistance are poorly coordinated (Giorno & Londáková 2017, pp. 36-37).

The social assistance sector is considered an appropriate context for the provision of LTC, but the relevant infrastructure in this sector is far from being sufficiently developed (Costa-i-Font & Courbage 2012, p. 240). There is a lack of home care capacity and the few existing nursing homes are considered inadequate due to low staff resources. This is mainly due to lack of funding (Smatana 2016, p. 145).

Evidence shows that institutional models do not have much impact. Needs assessments are conducted when countries rely heavily on private cost-sharing to build demand for services (Costa-i-Font & Courbage 2012, p. 6). The Slovak Republic has a family-based LTC system with a social security system in the process of being created (Schulz & Geyer 2014, p. 138).

Relevant picture (if any):



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SLOVENIA

Source/Link: https://mrezazastarejse.si/#vkljucitev		
Available languages: Slovenian		
Target group: caregivers elderly	**Type of best practice:** **(governmental or non-governmental):** Project Initiative Mobile application Campaign/ Movement A relevant policy implemented in a real-life setting	**Form of source:** Video Event Software Publication Other

Summary: Transformation of existing networks and entry of new providers to offer community services and programs for the elderly. The fundamental goals of the project were:

-the implementation and testing of new tools,

- training of employees,

- deinstitutionalisation,

- enabling the elderly to stay in their home environment as long as possible and with the highest possible quality,

- improving the health status of users, maintaining psychophysical abilities, increasing independence (self-care ability), reducing the feeling of loneliness and strengthening a sense of security.

Description: The project lasted from June 2020 until the end of June 2022. 2016 users were included, receiving free services from health professionals and associates. The services were provided in the home environment for persons over 65 years of age who needed the help of another person in basic and support tasks and who had impaired physical, functional or cognitive abilities. The project results show that there was no deterioration in the physical, functional and cognitive abilities of the users in the project, or they were kept at the same level. For some, there was even an improvement, which means placement in the second, lower eligibility category according to the OLDO questionnaire (13% of persons). Project results showed f that there is a high need for e-care services.

SPAIN

Title of the practice: ECVC “ELDERLY CARE VOCATIONAL CERTIFICATE”		
Source/Link: TRACK_IO4_FeasibilityStudy_for-dissemination.pdf (iperia.EU)		
Available languages: English		
Target group: Formal, informal and migrant careers of older people	Type of best practice (governmental or non-governmental): Project Initiative Mobile application Campaign/ Movement A relevant policy implemented in a real-life setting Other: e - training	Form of source: Video Event Software Publication Other:
Summary: The “Elderly Care Vocational Certificate” (ECVC) is an e-training programme for formal, informal and migrant carers of older people in Cyprus, Greece, Lithuania, Spain and Hungary. It started in 2008, and aims at vocationally training informal and migrant careers to achieve the “Elderly Care Vocational Certificate” in the health and welfare educational field, therefore indirectly benefiting also care recipients. The training utilises the existing e-learning curriculum developed by the LdV ECV project (www.ecvleonardo.com in 2005-2007) supplemented with practical experience at elderly care providers and covers different care aspects, both theoretical and practical.		
Description: The ECVC improves the quality of working and social life of the care recipient, informal and migrant careers, as well as their acceptability of it. The reconciliation of work and care among informal working carers can produce financial benefits at the meso- and macro-level for private care institutions and companies. Evaluation information given on this project at the EUROCARERS website refers to the fact, that the service has a positive impact on the quality of life of formal and informal caregivers and paid assistants, as “it provides an additional chance for improving their skills, enhances their employability on the market and gives them an opportunity for socialisation". It also has a positive impact on the quality of life of elderly people as it improves their health and social relationships and quality of life. A		
Relevant picture (if any):		

SWEDEN

Source/Link: https://www.sci.se/?page_id=3329

Available languages: English

Target group:	**Type of best practice** non-governmental:	**Form of source:**
Senior caregivers Health-focused organizations Governmental representatives	Project	Event

Summary:

Swedish Care International is organizing professional visits for caregivers, organizations and other interested parties to share their experience and best practices. SCI has extensive experience in dementia-care and was established in 1996 by HM Queen Silvia of Sweden.

Description:

SCI arranges 1-2 hour tours for max. 20 people. During the visit you familiarize yourself with Stiftelsen Silviahemment Foundation's unique training methods and philosophy. The foundation also offers certification programs for healthcare organizations, M.Sc. level learning opportunities for healthcare professionals focused on bringing dementia-specialization into their work.

Relevant picture (if any):

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