Using units within professional qualifications

Lycée hôtelier Guillaume PARIS
1st and 2nd of October 2012
Project Rationale & Objectives

Recognition of competences gained in other contexts and learning settings

To facilitate LL paths development by adopting and developing tools/methodologies for evaluating, transferring, validating and recognising LOs, as well as transition mechanisms from one qualification to another

Labour market integration for foreign people willing to work (with a recognised qualifications) in the sector
The Partners & the Starting Point

Regional Government Foundation
Trade Union
Employers’ Association
VET and Services Providers
National Authority
Development Agency
Social Work Organisation

1. Family Assistant/Caregiver
2. Dental Assistant
3. Housekeeper
4. Socio-Assistance Assistant
5. Care Operator
6. Cleaner
7. Baby Sitter
Analysis of Existing Methodological Approaches

Four different kinds of data sources:

1. ECVET Pilot Projects (11 projects)
2. DECVET Projects (10 projects)
3. Other projects implementing ECVET approaches (7 projects)
4. Official EU documents and studies on ECVET
Projects were analysed according to four phases of development: 1) preliminary, 2) preparation, 3) implementation, 4) final phase.

For each of the four phases, the tools developed were analysed and described extensively (competence matrix and MoU, competence profile, learning units, assessment grids).

Projects were assessed according to two main criteria: 1) the achievement in implementing Learning Outcomes, 2) the relevance of their methodologies and tools for the I CARE project.
I CARE Specific Features

- Large professional field
- Focus on migrants
- Importance of non-formal & informal learning
- Different EQF levels

... affect ECVET main tools

- Competence matrix
- Allocation of ECVET points
- Assessment of LOs
- MoU
Comparison between Profiles

Choice of a professional profiles to be tested

Comparison between qualifications to identify the professions which could share common competences (international and intra-national)

The comparison among different professions has been made according to the EQF or through a study of the input-centred model of qualifications (subject studies, type of training, ....)
Lessons Learnt

If the national or local descriptions are already formulated in terms of competences, according to the LOs model, they can be used in the next step of writing the competence matrix.

There is no need for identifying professions in the partner countries with one-to-one correspondence with a specific profession.

‘The comparison of certifications and learning programmes is not a good path for the implementation of ECVET […]’ (OPIR project)
Lessons Learnt

It must be based on empirically derived work tasks; therefore the matrix should be derived consulting experts from each occupational field. To avoid abstract definitions, the use of examples can contribute to the description of competences.

It must be open to changes. The labour market develops so fast that a competence that today we regard as essential could become outdated in the next few years. Therefore the matrix should be constantly restructured.

It must be developed with a good balance between general and detailed formulations, avoiding to specify competences in a too general or too narrow way.
The I CARE Matrix

... describes professional profiles through LOs using accurate descriptions composed by complete sentences and enriched with examples (based on job descriptions). Job descriptions will be integrated, updated and enriched with examples and details resulting from field observation and interviews with practitioners.

... was developed according to the KSC framework, hence it describes competences distinguishing knowledge and skills.

... avoids uncoupling work tasks and global competences. Cross-dispositions (‘showing passion’, ‘being creative’) are important in vocational professions, but when they are uncoupled from the work descriptions the matrix results more confused and quite redundant. The essential cross-disposition should be included in the competence description itself.

... will elaborate different competence steps whenever they help in describing a professional profile; the steps will be particularly important for the competences shared by different profiles in different degrees. Some competences should not require a multiple steps description.
The I CARE Matrix

- Based on empirically derived work tasks (consultation with experts from each occupational field)
- Opened to changes (to be linked with the labour market)
- Good balance between general and detailed formulations
- Professional profiles are described through LOs using (complete sentences & examples resulting from field observation and interviews with practitioners)
- Different competence steps whenever they help in describing a professional profile
- Essential cross-disposition are included in the competence description
The analysis of existing methodological approaches was followed by a concrete analysis of Italian background in order to conciliate ECVET criteria with Italian reality.

- COMPETENCE becomes LEARNING OUTCOME
- UNIT OF LEARNING OUTCOMES were created unifying different learning outcomes with analogous contents
- SKILLS, KNOWLEDGE and DISCIPLINARY AREA from the QRSP profiles were rephrased standardising them. All the skills are now described through the expression ’He/she can …’. All the knowledge are described through the expression ’He/she knows …’
- KNOWLEDGE and DISCIPLINARY AREA were hold together in KNOWLEDGE section of the I CARE matrix
The I CARE Matrix

Many ECVET projects divided single learning outcomes in different levels. Levels (also called 'competence steps') mean to indicate different degrees of mastery of a competence. They are very useful for at least two reasons: 1. To grant the possibility of lifelong learning and reward the most skilful workers 2. To foster transition paths between analogous professional profiles

Levels in the I CARE matrix are not directed to describe if a worker is more skilful than another one in the same learning outcome. Levels in the I CARE matrix mean to create a connection between different profiles in order to foster workers lifelong training/education reducing training periods for those who already owns the lower level of a competence

In these LOs the basic skills and knowledge were placed in LEVEL 1, and the more complex ones in LEVEL 2.
## Step 1: Comparing National Profiles

<table>
<thead>
<tr>
<th>Competences</th>
<th>Skills</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tata Familiare</strong> (EQF 2)</td>
<td>Rescine Observatorio (ITALY)</td>
<td><strong>Sociopedagogische Assistenz</strong> - Kindergarten (EQF 3 - 5/7 years)</td>
<td><strong>Österreichische Erziehung</strong></td>
<td><strong>Romania</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applying safety procedures in play areas for children aged 4-6.</td>
<td>Applying appropriate techniques to teaching materials for children aged 0-3 years</td>
<td>Fosters the development of fine and gross motor skills.</td>
<td>安全和预防教育实践。</td>
<td>低环境卫生的危险。</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applying appropriate techniques for children aged 6-9 years.</td>
<td>Applying appropriate techniques to teaching materials for children aged 4-6 years.</td>
<td>Environmental safety and hygiene guidelines.</td>
<td>Prevents environmental hygiene guidelines.</td>
<td>Lowers occurrence of accidents in the home.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Step 2: Sharing the Matrix

Each partner received a document containing the matrices corresponding to the professional profiles which exist both in Italy and in the relevant partner country. A column called 'Comments/Precisions', where partners could provide suggestions and comments, was provisionally added to the matrix. Partner countries had to consider each knowledge and each skill, checking if they correspond to the content mentioned in their national professional profile. In order to facilitate partners in the comparison task, those areas of the matrix which showed similarities in the common competence area grids were highlighted by using a coloured box.
An Example of Learning Unit

<table>
<thead>
<tr>
<th>Unit of Learning Outcome</th>
<th>Learning Outcome</th>
<th>Knowledge</th>
<th>Skills/Attitude</th>
</tr>
</thead>
</table>
| Direct assistance to the patient | **Using techniques to assist a patient with medical and therapeutic prescriptions** | **LEVEL 1**
- He/she knows elements of pharmacology (ways of administration, elimination, storage only as far as it is required by the involved skills) | **LEVEL 1**
- He/she can cooperate to ensure the correct taking of drugs according to medical prescriptions |
| | **LEVEL 2**
- He/she knows the basics of diagnostics, therapy and rehabilitation
- He/she knows elements of physiological anatomy, physical, psychic and sensorial applied pathology | **LEVEL 2**
- He/she can cooperate in the diagnostic activity only as regards the collection of biological material samples, which are excreted naturally
- He/she can transport biological, sanitary, supplying materials according to established protocols and withdraw reports
- ... |
The Test Development Process

1. Development of tests based on the competence matrix
2. On the field process involving researchers and practitioners
3. First restricted piloting of the tests in order to check their usability
4. Testing phase involving all partner countries and validation of the I CARE model
Three Main Problems

1. Matrix is an analytic tool while assessment is a synthetic process
   How to assess LOs like ‘Working in team’ or ‘Respecting the individual’s self-determination’?

2. A complete assessment of the candidate is needed
   I CARE test cannot admit a ‘spot-check’ of the candidate’s competences, because there is no common training. The whole profile must be assessed.

3. Written or practical tests?
   Both approaches have different problems:
   - **Only written test**: practical skills and relational competences cannot be fully assessed.
   - **Only practical test**: knowledge is not evaluated and this can be dangerous in professions working in social-care field.
EXERCISE 1

QUESTION: After donning the guest must be accompanied to the refectory for the breakfast. Which of these is an appropriate environment for the guest’s meal? Why?

ANSWER
1: TRUE 2: FALSE

5 POINTS FOR THE CORRECT ANSWER

WHEN THE CANDIDATE MOTIVATES HIS CHOICE CHECK THE PRESENCE OF THE FOLLOWING ELEMENTS IN THE ANSWER

<table>
<thead>
<tr>
<th>ELEMENTS TO BE ASSESSED</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up the dining room creating a stimulating environment</td>
<td>5</td>
</tr>
<tr>
<td>Set up the dining room avoiding dangerous utensils</td>
<td>5</td>
</tr>
</tbody>
</table>

SCORE OBTAINED:
maximum score: 15
passing score: 10
### Elements to be assessed

- Inform the assisted person about the procedure he/she is going to apply
- Wash the face, neck, ears, arms, and hands using soap and water
- Invite the assisted person to dry, brush teeth with a toothbrush and comb itself

### Test Situation and Learning Outcomes

<table>
<thead>
<tr>
<th>Test Situation</th>
<th>Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awakening &amp; observation</td>
<td>1, 16, 21 s1, 22, 25, 26, 28</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>1, 11, 10 s2, 17 s1, 22, 25, 26</td>
</tr>
<tr>
<td>Dressing</td>
<td>11, 1, 19, 20, 25, 26</td>
</tr>
<tr>
<td>Mobilisation</td>
<td>11, 1, 18, 19, 21 s1, 25</td>
</tr>
<tr>
<td>Alimentation</td>
<td>11, 1, 10 s1, 10 s2, 13, 17 s1, 20, 25, 26</td>
</tr>
<tr>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>
An Example of Mobility and LOs Recognition

Karl, comes to Italy and wants to work as a Care Operator. He had analogous work experiences in his country and now wants to attend I CARE tests in order to certify his competences.

The Care Operator profile is composed of 5 Units of Learning Outcomes and the profile has 100 points.

Karl makes all the practical and theoretical tests, he is quite good in most of the competences, but he has a non sufficient mark in three skills.

What kind of certification will he obtain?
An Example of Mobility and LOs Recognition

He would probably gain 100 ECVET points, but with some notes that specify the skills he lacks.

This kind of certification is surely not clear and pointless.

By using ECVET sub-points, three points to each one of the three skills that Karl lacks can be allocated. Then he could have a certification of 91 ECVET points, where the three skills he lacks are clearly specified.
The Challenges

1. To validate the I CARE test model in all participating countries
2. To finalise the mutual recognition of Units of LOs in all partner countries
3. To involve both VET providers & qualification bodies in the mutual trust area
4. To develop an effective system of MoU
For Further Information ...

... www.icareproject.eu

IMPROVING MOBILITY AND CAREER PATHS FOR PERSONAL CARE AND SOCIAL WORKERS

Welcome to ICARE: this project dedicated to "Improving Mobility and Career Paths for Personal Care and Social Workers".

Our objective is to support the full labour market integration and human capital development in Personal Care and Social work by increasing interoperability among different countries and training contexts.

The ICARE project is an ECVT one and represents an experimental application of the EQAVET system. Project partners will analyse existing qualification systems in the field of personal care and social work in their respective countries with the objective to develop a recognition model that encouraging mutual recognition of training and qualifications.

The ICARE project targets those interested in the development of flexible training solutions, in facilitating mobility and access to work, and in addressing the need for qualified professionals in the care sector (VET providers, labour market services and organisations in the field, social partners and authorities).

The website provides you with a detailed description of the project to better understand its expected impact and what can benefit from, data and up-to-date updated information on activities, progress and results; background materials and developments in the field of ECVT converted to you in the ICARE Info Centre: information to contact us and be involved.

The ICARE project was launched on the 1st of January 2011 and within for two years, until 31st of December 2012.

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