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REPLICATION GUIDE

for the Building and Sharing Practices

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Redial Partnership CLG (Ireland)
Technologiko Panepistimio Kyprou (Cyprus)
Fundacion Intras (Spain)

Authors:
EaSI - European Association for Social Innovation (Romania)

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PURPOSE OF THE GUIDE

Why is a replication guide needed?

This guide is designed to support facilitators and organizations in replicating the Communities of Practice, as implemented in WP4 Building and Sharing Practices of the COMPASS project.

By detailing practical steps, common challenges, and outcomes, the guide aims to provide a comprehensive understanding of how developing a CoP can build a common understanding and vision in order to improve the quality of Person Centred Care practices in residential care facilities across Europe, thus contributing to achieve the goal of an improved quality of care and create a global vision of aging and care for older adults, increasing the opportunities for internationalization and modernisation of care providers.

ABOUT THE PROJECT

PROJECT MISSION

The project aims to equip care managers with skills to better respond to actual labour market needs, specifically by improving their skills to lead the change towards PCC (person-centred care) approaches in their working contexts and providing guidance to European care managers on how to practically implement person-centered leadership in their everyday work. COMPASS focuses on VET, as it aims to innovate VET practices in the care sector, equipping care managers with skills to better respond to actual labour market needs, it has the potential to be applied in other contexts and to support the creation of synergies among them.

TARGET GROUP

The resources developed by Compass are designed for care managers in elderly care services (residential, semi-residential and home care).
Care managers, meaning professionals having coordination responsibilities towards front-line care workers in residential or home care services, have often been neglected by training and continuous professional development programmes aimed to promote PCC and are an overlooked group when it comes to research about their role and practices (Orellana, 2009).

PROJECT RESULTS

Care Managers as Drivers of PCC: A multi-language, blended learning (meaning a combination of e-learning and face-to-face learning sessions) training package addressed to care managers across Europe.

Supporting Reflexivity of Care Managers: A methodology to run online reflective groups of care managers committed to improve the PCC practices of their organizations, inspired by the “work discussion groups” (WDGs) methodology.

Building and sharing practices: A digital Community of Practice for European care managers committed to improve the PCC practices of their organizations.

INTRODUCTION

Building on the foundation of the Compass final result this guide has been designed to help care professionals to set up a Community of Practice in their organisations.

The COMPASS Building and Sharing Practices work package aimed to develop a European Community of Practices (CoP) of care managers and care workers on Person Centered Care for older persons with the goal to **share experience and skills, build a common language, and support the consolidation of a new professional vision that also transforms and reinforces the role identity from the perspective of a more managerial and less executive coordination function**.

A CoP is a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfill both individual and group goals. According to Wenger (1998), CoP (1) Educate by collecting and sharing information related to questions and issues of practice; (2) Support by organizing interactions and collaboration among members; (3) Cultivate by assisting groups to start and sustain their learning; (4) Encourage by promoting the work of members through discussion and sharing and (5) Integrate by encouraging members to use their new knowledge for real change in their own work.

In the case of COMPASS the focus was leadership for PCC, **support to care workers, models of reflection, challenges with Covid-19 and supportive measures, new trends and policies at EU level**. The COMPASS Community of Practice session had a European focus and aimed to support the development of a CoP for a common understanding and vision and to kick off the development of a EU identity and network for care managers.

The main result consisted in the **implementation, facilitation, piloting and dissemination of a digital Community of Practice for European care managers committed to improve the PCC practices of their organizations**. At operating speed the COMPASS consortium expected at least 100 care managers from all across Europe to be registered to the CoP and actively contributing to it by participating in events; online discussion groups; good practices collection etc. In practice we had more than double the number of participants from 6+ countries.

The COMPASS CoP is a **repository of resources, practices, tools and data** which can be exploited by care managers in their daily practice to improve the quality of PCC practices in residential care facilities across Europe thus contributing to achieve the goal of an improved quality of care and create a global vision of aging and care for older adults, increasing the opportunities for internationalization and modernisation of care providers. Finally, the COMPASS Building and Sharing Practices will provide a base in order to support a step forward in the development of European policies for the implementation of PCC specifically from the point of view of how transnational cooperation across Europe can contribute to policies development and knowledge transfer and on how to invest in VET and professional development of middle-management can improve elderly care and can increase the quality of job offer in a strategic sector such as personal care.

HOW TO SET UP A COMMUNITY OF PRACTICE

Define your objectives

In the case of Compass CoPs we aimed to develop a European Community of Practices (CoP) of care managers and care workers on Person Centered Care for older persons with the goal to share experience and skills, build a common language, and support the consolidation of a new professional vision that also transforms and reinforces the role identity from the perspective of a more managerial and less executive coordination function.

Define your target audience

Who do you want to reach for your CoP? Main target audience of the CoPs were care managers and care workers in Person Centred Care for older persons. We define care managers as middle management professionals having either a VET qualification or a BA (most often in social work or nursing disciplines) who are responsible for the leadership and day-to-day running of teams of care workers, either in residential care settings or providing home-care services.

Set up a timeline

Choose a timeframe to organize your CoP sessions. Think about a number of session, if they will take place online or face-to-face and the duration of each session.

The COMPASS CoP took place online, during 9 months covering 8 sessions. Each session was moderated by a leading partner and covered the following topics:

- CoP 1ST Session - Introductory Session
- CoP 2nd Session - "Inspiring leadership in others"
- CoP 3rd Session - "Identifying and discussing the underlying reasons for people's resistance to change and providing a safe space to talk about concerns"
- CoP 4nd Session - "The broader context of formal care"
- CoP 5th Session - "Correcting unacceptable behaviours or respectfully calling out a discrepancy in others' behaviours"
- CoP 6th Session - "Reading between the lines"
- CoP 7nd Session - "Reflecting on the hypothesis of the problem"
- CoP 8nd Session - Lessons Learned

Session logistics

Depending on the format you choose to hold your sessions (online or face-to-face) decide on an optimal number of participants. Make sure you have the appropriate space, for in-situ meetings, or the necessary tools, for online sessions (you can use platforms like Zoom, Teams, Google meet).

Create a communication strategy to promote your CoP and recruit participants.

This should include communication goals, target audiences, key messages, communication channels and tools used to promote and recruit participants.
To promote the Compass CoP the consortium used SM channels, direct email invitations, press-releases, articles on online platforms and informative leaflets.

COMMUNICATION TIPS DURING THE SESSIONS

Active Listening	Focus on what others are saying without interrupting.Ask clarifying questions to ensure understanding.
Respectful Dialogue	Be open to diverse perspectives.Avoid judgment and promote a culture of respect.
Share Experiences	Contribute your experiences and insights.Share both successes and challenges for mutual learning.
Clear and Concise Communication	Express ideas clearly and concisely.Avoid jargon that may be unfamiliar to others.
Encourage Participation	Foster an inclusive environment.Encourage quieter members to share their thoughts.
Ask Open-Ended Questions	Promote discussion with open-ended questions.Encourage deeper exploration of topics.
Use Positive Language	Frame feedback and suggestions positively.Focus on constructive solutions.
Summarize and Synthesize	Summarize key points during discussions.Synthesize information to highlight common themes.
Non-Verbal Communication	Pay attention to non-verbal cues.Use positive body language to convey engagement.
Utilize Technology Effectively	Leverage online platforms for asynchronous communication.Ensure everyone has access to necessary tools.
Establish Clear Objectives	Define the purpose and goals of the COP.Ensure everyone understands the intended outcomes.
Provide Resources	Share relevant articles, documents, or resources.Enhance the learning experience with supplementary materials.
Moderation	If applicable, have a skilled moderator to guide discussions.Ensure equal participation and adherence to the agenda.
Feedback loop	Establish a feedback mechanism for continuous improvement.Allow members to share feedback on the COP process.
Celebrate Achievements	Acknowledge and celebrate milestones.Recognize the contributions of members.
Flexibility	Be open to adapting the agenda based on participant needs.Embrace flexibility to accommodate different styles of engagement.
Follow up	Share meeting notes / summary and follow-up actions via e-mail / newsletter.Keep the conversation alive between COP sessions.Each session responsible person to create a session summary and upload it on the forum. Session discussion topics to be added on the forum.

PARTICIPANTS RECRUITMENT

Recruiting participants for a Community of Practice (CoP) involves identifying individuals who share a common interest or professional focus and would benefit from joining the community. In our case, we want to recruit care managers and care workers. Here are some steps to help you recruit participants for the CoPs:

Create a compelling value proposition

- Clearly communicate the benefits of joining the CoP. Explain what participants can gain in terms of knowledge, networking, problem-solving, or professional development.

Leverage existing networks

- Reach out to your professional and personal networks to identify potential participants.
- Use professional networks. In the case of Compass we used EU networks like Eurocarers
- For later sessions, ask for referrals and recommendations from professionals who are already part of the CoPs.

Use Social Media channels

- Promote the COPs on the organisation social media channels.

Make use of direct e-mail

- Send tailored email invitations to professionals and organizations relevant to the target audience.

Host information sessions or Webinars or AMA (Ask Me Anything)

- Organize introductory sessions or webinars to inform potential participants about the CoP's goals and how they can get involved. These events can be an opportunity for Q&A.

Engage influencers and champions

- Identify influential individuals or champions in the field of person centred care, management, leadership who can endorse and promote the CoPs. Their support can lend credibility and attract participants.

Invite guest participants

- Identify experts in the fields connected to each session theme and invite them as guests to nourish knowledge exchange and attract participants.

Use a registration form (Microsoft, Zoom)

- This will help you keep track of the interest and participation of your sessions.

TIPS FROM THE COMPASS CONSORTIUM FOR BETTER COP SESSIONS

To develop a CoP in the care sector, it is important to **raise awareness** about its purpose and benefits, to health care professionals. In some extent this has been done through the Compass program's online CoP sessions, but must be expanded through stakeholders spreading the message to as many professionals as possible.

To keep professionals interested, the CoP should **focus on their specific needs**. Surveys or direct feedback can help identify topics and challenges that matter most to them, ensuring the CoP remains relevant and useful. Also, the CoP's impact and feedback from professionals involve will continually improve its offerings.

The Compass platform can act as a central space for communication, resource sharing, and networking, from different countries can foster cross-border partnerships. Also, regular sessions/webinars and giving incentives to participants, like certification, will maintain a long-term engagement.

If you are organasing a transnational CoP pay attention to language barriers
The use of English as a vehicular language for the CoP prevented some interested parties to participate and / or to be actively involved.

Although this problem is hard to completely overcame, as the provision of simultaneous translation in many different languages would not be economically sustainable, the goal of offering an experience which is as much inclusive as possible should still be pursued.
In this regard, options to be explored concern the use of AI-based tools offering automatic subtitling in different languages. While the outcome is far from being comparable to the work of a professional translator, accessibility seems to improve and increase the number of potential beneficiaries.

On the other hand, **visual clues** can also help understanding foreign languages: the use of slides, diagrams, and infographic can be useful to overcome the language barrier while also making presentations for enjoyable for the public.

Use case studies

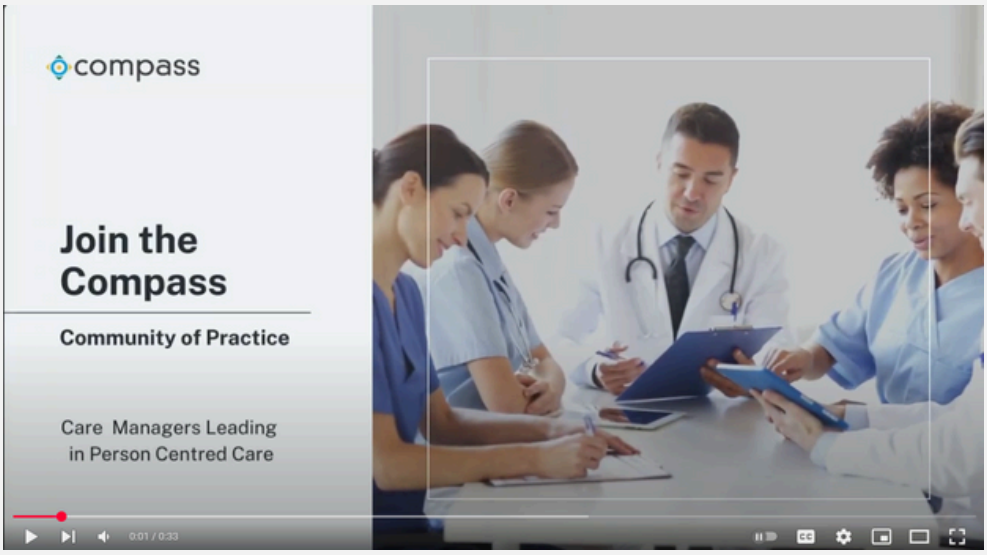
It might be beneficial to encourage a more active participation of CoP members by inviting them to share case studies from their own practice and participate in peer reviews. This exchange can provide practical insights into effective care approaches and foster evidence-based learning.

Ensuring CoP continuity
To ensure the continued use of the CoP platform on a regular basis by participants, in addition to the webinars, resources and discussion forums already in place, it is necessary to implement small additional strategies to further engage the target audience. The creation of thematic working groups could increase the involvement and engagement of participants, create discussion or collaboration groups focused on specific areas or problems of person-centred practice, where members can deepen their approaches and learn from each other's experiences. In addition, greater involvement on the part of the platform's promoters, such as uploading regular, up-to-date content that is relevant and applicable to everyday practice, will arouse curiosity and involvement among participants in accessing 'new' content, and consequently greater involvement in discussion forums based on the content provided.

ANNEX 1 – EXAMPLE OF COMMUNICATION MATERIALS

Session promotional poster

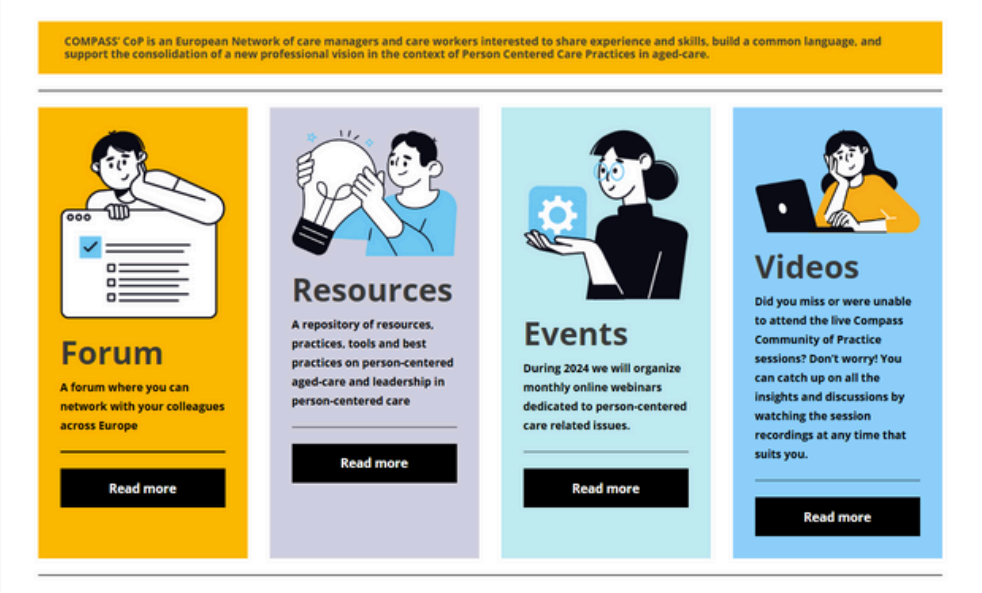
CoP promotional video



MORE INFO »

FIND OUT MORE ABOUT
THE COMPASS COMMUNITY OF PRACTICE

To access and obtain additional materials please use visit the COMPASS platform: leadingcare.eu/community-of-practice



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POLICY RECOMMENDATIONS REPORT

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INTRODUCTION

The COMPASS project focused on developing new and innovative educational resources and tools of care managers regarding the transition to a Person Centered Care (PCC) for older persons in long-term care services, and the implementation of the PCC approach in care facilities. The last Work Package of this project, namely 'Building and Sharing Practices', envisaged the creation of a common European vision on the PCC implementation in care facilities, allowing practitioners from partner countries, through the experience of several digital Communities of Practices, to share their expertise, knowledge and also challenges, to learn from each other and to prepare to put in practice solutions and concepts regarding the leadership in PCC.

The Health Foundation identifies person-centred care as where "health and social care professionals work collaboratively with people who use services. Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care."
Furthermore, the implementation of the PCC in the care facilities for older people is a complex process, and it involves bringing changes to the whole organization, at all levels, including in the process all staff and management, and having as co-creators of the care plans, the beneficiaries themselves, and also their families.

The reported effects of the PCC model vary and encompass enhanced health, wellbeing, and quality of life for individuals and families, along with increased effectiveness and efficiency for services. Some evidence suggests that much of this can be realized without incurring extra costs. This has to be corroborated also with philosophical and ethical factors, as well as the importance of addressing each person's situation within their social context, focusing on their individual capabilities, irrespective of age or cognitive capacity.

The available research shows that there are some key-aspects for the implementation of Person Centred Care in organizations, such as:

- A leadership that is determined and motivated
- Having a common strategic vision that is communicated to all actors involved
- Involvement of older persons and their families in all phases
- Interest for the satisfaction of staff
- Thorough evaluation of outcomes
- Training programs for staff in order to deliver PCC
- Adapted financing for the changes implemented in the care process
- An organizational culture which is adaptive and open for learning and change

The lessons learned from these sessions, integrated with the outcomes of the other two Work Packages of this project, namely the training resources for care managers and the work group discussions for care managers, are synthesized in this **Policy Recommendations Report**, and these recommendations can be implemented at organizational level in the care field, targeting the middle-management level for a PCC adoption process. These policy recommendations can be used and adapted by any care organization at EU level. These recommendations will be described in this document, in the following section.

RECOMMENDATIONS

Training programs for care managers and care staff focused on the Person Centered Care approach

Specific training courses for the care staff focused on the concept of PCC model and on how to implement it in residential care are essential for implementing this approach in care organizations.

For care managers, training courses regarding leadership on PCC model transitioning, are needed, and this could have as starting point the modules developed in the COMPASS project, focusing on the following aspects identified in this project:

- Communication
- Improving staff cooperation
- Correcting inadequate behaviors and practices
- Identifying the needs of the beneficiaries
- External collaboration (with the families, communities, other institutions, public authorities, cultural institutions etc.)
- Decision making mechanisms and implementation
- Approaching resistance to change in the care institutions

The recommendation is to develop training programmes with the aim of equipping care managers with the skills to oversee the evolving roles of care workers, improve leadership and coordination skills and address emerging trends such as demographic change, skills shortages and policy changes in the care sector.

Another recommendation is to equip the care managers to lead by example and inspire their teams to embrace these values.

In order to promote PCC at EU level it is recommended that self-reflective practices are included in continuous professional development programmes for care workers and coordinators and that they are promoted as a transversal approach to improve quality of care.

Other subjects of training could be also envisaged, depending on the needs of the residents, care staff and organization itself, after a detailed needs analysis. These subjects could be targeting the process of care itself with all its specialized topics (such as hygiene, nutrition, mobilization, rehabilitation, etc.), but also stress management, burnout prevention, respecting human rights and dignity of the person, etc., focusing on the PCC model.

It is very important to prioritize personal and professional training according to individual needs and development areas. There needs to be an emphasis on the bigger picture, aspirations for the future rather than focusing upon fighting fires, surviving each day with little opportunity for lessons learned.

By embedding PCC principles into postgraduate education and training, healthcare professionals will be better prepared to lead, implement, and sustain PCC practices throughout their careers. Additionally, the development of an EU standardized curriculum on PCC would ensure consistent and high-quality training across member states, fostering a unified approach to person-centered care.

Also, continuous education and participation in workshops tailored for healthcare professionals will further reinforce these principles. Inviting patients and informal carers to participate in these workshops fosters a shared understanding and collaboration, ensuring their perspectives are integral to the transformation process. This approach not only enhances the skills of current and future healthcare leaders but also strengthens the collective commitment to building and sustaining a culture of Person Centered Care.

Strengthening digital skills and integrating technology into care practices

The care organizations should prioritize the design and deliver specific training sessions and resources aimed at equipping healthcare managers and workers with essential digital skills for managing records, maintaining privacy standards and effectively integrating technology into direct care practices.

At organizational levels, digital learning, development and awareness should be priorities for all EU member states.

Another recommendation is to create open-access communication channels in EU Member States to organise webinars, workshops and debates focused on digital tools and platforms for professional development. These sessions should highlight the benefits of digital transformation, present success stories and share evidence-based practices. This enhanced transnational cooperation should encourage healthcare professionals to exchange ideas and practical applications from their organisations, promoting a culture of acceptance and implementation of digital technologies in healthcare practices.

Evaluating the quality in care in a continuous and rigorous manner in the care organizations

When we refer to quality in care provision, we should start from defining the concept of quality and subsequently declining quality into indicators related to care.

Aiming to assess quality perceived by all parties involved in the care process (providers, recipients, and informal carers) implies discussing and negotiating in a participatory process the definition of quality for each and every one of them, taking into account the needs of older persons and building up individualized care plans and services delivered by all parties involved.

For example, indicators of the quality of care developed in the care research field could be the following (PROGRESS project, EU, 2015):

- **Quality of care**

-quality and safety of care
-physical health
-wellbeing

- **Quality of life**

-social involvement
-maintaining individual dignity
-safety feeling
-autonomy
-nutrition

-community belonging
-social activities
-participation in activities
-involvement in the decisional process
-health, end of life and palliative care
-involvement of informal care partners in the care activities
-staff training

- **Leadership / management**

-the process of management of complaints
-organizational culture
-quality of work conditions
-staff competencies and the process of continuous professional training
-management of care activities
-conformity with quality standards in legislation

- **Economic performance / context**

-economical sustainability
-organizational development

Each organization should adopt its own quality indicators, according to their needs, characteristics, size, types of beneficiaries, staff etc. To be able to reach this goal, a pre-requirement is to help professionals (including care workers as well as care coordinators) improve their capacity to reflect on their own professional practice.

Assessing the quality of care in a regular and adapted manner, through a variety of tools, is essential for adopting the PCC model in the care field.

Adapting and adjusting to job shortages and acting as active and proactive elements in assuring that care is still dignified

- Organizations should support care managers and top management of care providers to improve job quality.
- Ensuring job attractiveness and motivation to work is balanced with the high-demanding job is another important recommendation for care organizations.

Adopting a culture of transparency, investigating alleged poor practice, adequately supervising staff to ensure their wellbeing and competence within the workplace

- It is important to develop positive relationships with staff members, clients, family members, engaging them in dialogue and involving them in decision making where possible to remain solution focused. Ensuring policies and procedures are visible, adhered to and processes respected is another element for the transition to PCC in care organizations.
- Understanding the burn out of the care staff and its complexities is another factor to be addressed by care coordinators. Care managers should make sure to undertake regular assessments of burn out, check in with staff members and raise awareness of the warning signs of burnout and where to access help and support. It is recommended that there is a company resource bank of tolls and materials to support positive emotional wellbeing. This will also support burn out prevention.

Involving public administration in supporting the transition to the PCC model

- The transition to Person Centered Care requires a systemic change in the way care is delivered and supported. For this transformation to succeed, it is essential to involve public administrations at all levels, ensuring their active support. To achieve this, the recommendation derived from the outcomes of the COMPASS project would be to work with administrations to create policies and regulatory guidelines that formalize PCC approaches.
- There should also be put in place assessment mechanisms of how public authorities fulfill their obligations for realizing local social analysis of needs for older people and developing services according to these needs.
- The development at local level of interinstitutional collaboration protocols which ensure the coordination of social services and socio-medical services delivered in this system of care would also be necessary in EU member states.
- Through continuous dialogue and collaboration with the care organizations, public authorities should also develop local strategies specific to long term care services (with objectives, measures, actions, actions involved) and monitor the implementation of these strategies, focusing on the adoption of the PCC.

Contributing to an evidence-based Person Centered Care

- Care managers should work with decision-makers for implementing their decisions upon research and studies regarding the programmes/measures/strategies in the care field for implementing the PCC model in residential care.
- Older persons' experiences and feedback has to be collected regularly and used for implementing further changes in the organizations, as a basis for the learning process.
- Surveys, complaints, and also personal stories should provide to staff coordinators the necessary inputs for having a more strategic vision of what is needed in the care process and on how changes should be implemented. The feelings and challenges experienced by older persons should be put in connection with the feelings and challenges experienced by the care staff, for a common way of ensuring satisfaction and wellbeing.

Financing the PCC transition

- There is the need for funding for research and implementation of PCC in residential facilities, and care coordinators should work with management and local authorities for ensuring these funds.
- Also, the development of specific financing mechanisms for the implementation of PCC in residential facilities for older people could be envisaged by care managers in EU member states (such as sponsorships, donations, etc.).

CONCLUSIONS

The transition to Person Centered Care is a gradual process that requires time to transform the culture and attitudes of all individuals involved, including healthcare providers, recipients, and informal carers. The adoption of Person Centered Care requires substantial cultural and operational change. During this transformation, the care staff must be supported through structured training and supervision to ensure lasting success. One of the top recommendations for care organizations would be to recognize and make professionals aware that PCC adoption is a long-term process, and to implement changes gradually with clear milestones and support mechanisms.

Implementing person-centered care requires a fundamental philosophical shift in the way care is perceived and delivered. This change must be embraced and championed by the managing board to ensure consistency at all levels of the organization.

Identifying efficient mechanisms for the analysis of older people needs and taking it all into account during the elaboration and implementation of care plans in an individualized and personalized approach is another important step. The evaluation of the quality of care within this PCC approach delivered in the residential facilities for older persons, in order to establish care standards, facilitating the choice and decisions of beneficiaries regarding their care process and monitoring the implementation status and the impact of this model implementation on residents, families, communities, through quality indicators is also essential.

There is the need for ensuring special funds for research and implementation of PCC in residential facilities, and on this path the close collaboration with public authorities is crucial, along with the adoption of public policy that facilitate and set standards for the implementation of PCC.

Continuous civic education involving all ages and intergenerational connections is an important aspect for the PCC model implementation, as in the future care process the younger generations should be also involved.

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