



COMPASS - Care Managers Leading in Person Centered Care

CoP Introductory Session

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About the Compass project



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 approaches in their working contexts and providing guidance to European care managers on how to practically implement person-centered leadership in their everyday work.

The project partnership



The [Compass project](#) is funded by the European Union through the Erasmus+ programme.

It is implemented through the collaboration of [7 organisations](#) from 6 European countries: Cyprus, Italy, Ireland, Portugal, Romania, and Spain.

Project Objectives



Objective nº 01

to provide European care managers with skills to lead the change towards the adoption of person-centred care (PCC) approaches in their working contexts



Objective nº 02

to offer care managers with a space and a methodology to support reflection, reflexivity and learning from work-based experience while also start developing a network of professionals exercising this job at national level and willing to share a professional development process



Objective nº 03

to develop a European Community of Practices (CoP) of care managers and care workers on PCC for older persons with the goal to share experience and skills, build a common language, and support the consolidation of a new professional vision on humanistic care

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

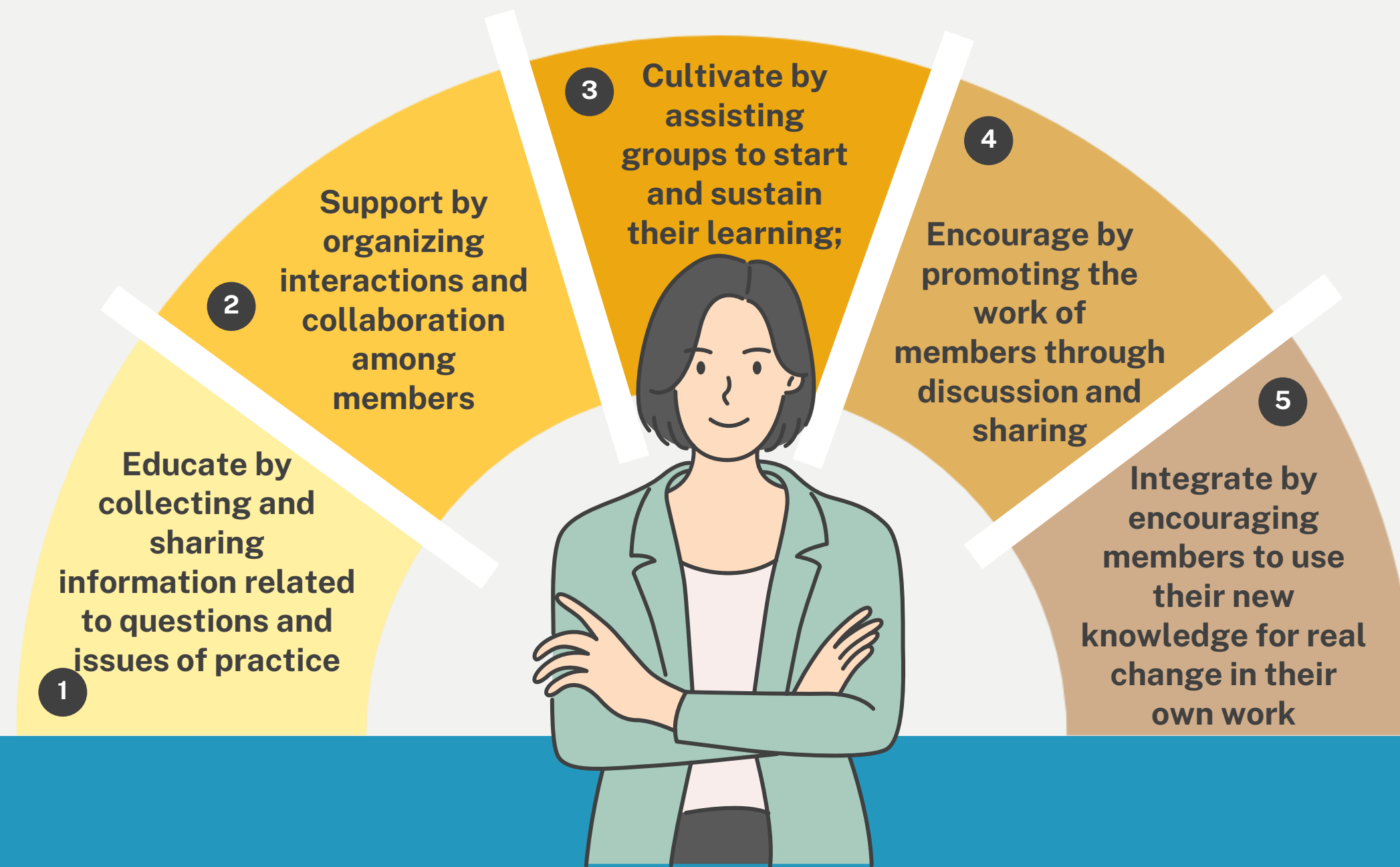
A methodology to run online reflective groups of care managers committed to improve the PCC practices of their organizations, inspired by the “work discussion groups” (WDGs) methodology.



BUILDING AND SHARING PRACTICES

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

What does a Community of Practices consist of?





<https://www.tender4life-project.org/>



01 – Problem

An ageing population is leading to **an increased demand for elderly care workers** in both social and healthcare settings, resulting in a **skills shortage**, as highlighted by CEDEFOP (2016). Many care workers, who hold **lower qualifications and may lack basic skills**, have entered the profession through reconversion processes. As a result, turnover and absenteeism rates among care workers in nursing homes and home care are high, affecting the overall quality of care.

Impact & Sustainability – 05

- TENDER4LIFE reached almost **700 direct participants** in all different activities of the project, including the development of outputs, piloting or multiplier events.
- A **better prepared elderly care workforce**, able and skilled to deliver care services to older adults, and thus promoting their quality of life and dignity.
- **Tender4Life was one of the initiatives that laid the foundation for the Compass project.**

Validation process – 04

Piloting one edition of the training course in each country, including testing the online assessment tool, for a total of 55 learners.



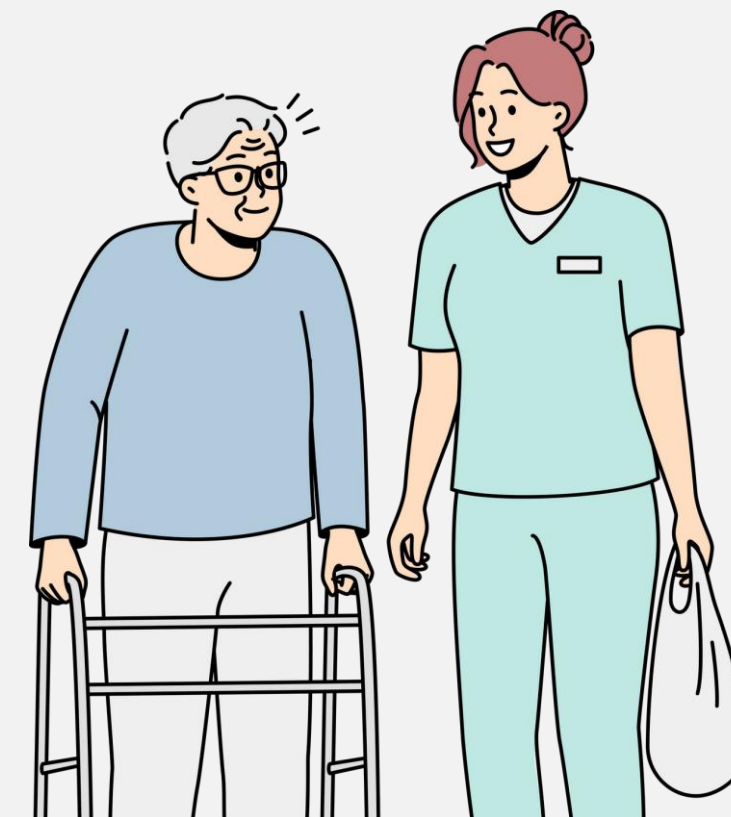
02 – Solution

The use of a humanistic approach in delivering services to elderly people is seen as a strategic solution to address the challenges in an ageing population.

03 – Resources provided

- a new job profile and list of competencies for elderly care;
- a competencies assessment tool and a user manual;
- a conjoint and modular training course focused on a humanistic approach to care (25h);
- a multimedia training course, including audio locution and design, available in a Learning Management Platform;
- a good practice guide about how to apply a humanistic approach to care services;

- #autonomy
- #quality of life
- #compassionate care
- #respecting the dignity
- #privacy
- #E-Health
- #communication&collaboration



#humanistic care

Tour de Table on the context of applying the PCC model in partner countries



To what extent is the PCC model applied in care services in the partner countries? What are the barriers and supportive factors to implementing the person-centred care model at national, local and organisational level?

What are the main challenges of a care manager in the partner countries?



Italy

PCC model: Context, barriers and supportive factors



An attempt is increasingly being made to promote a person-centred approach on a large scale, even though this is often done in an unstructured manner, with no official training, specific national guidelines or coordination directed in this direction.








Efforts are made to involve the family member or informal caregiver as much as possible, both in the bio-psycho-social anamnesis phase and in the various phases of care in the institutions.



The provision of healthcare is autonomous and under the responsibility of the regions.

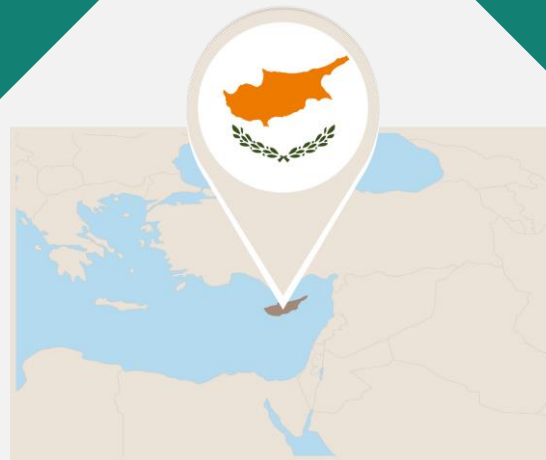
Italy

Main challenges of a care manager

-  Task-centred and routine care
-  Inadequate care time
-  High levels of anxiety and stress
-  Service and staff reorganisations
-  Frequent staff turnover or poorly qualified staff

Cyprus

PCC model: Context, barriers and supportive factors



While the concept of PCC is encouraged during undergraduate and postgraduate education programs, there are notable barriers to its implementation at national, local, and organizational levels: Understaffing, Ineffective communication.



Supportive factors in implementing the person-centred care model: Cyprus encourages the incorporation of PCC principles into healthcare education programs at both undergraduate and postgraduate levels.



Inclusion of health care strategies for special populations in national committees


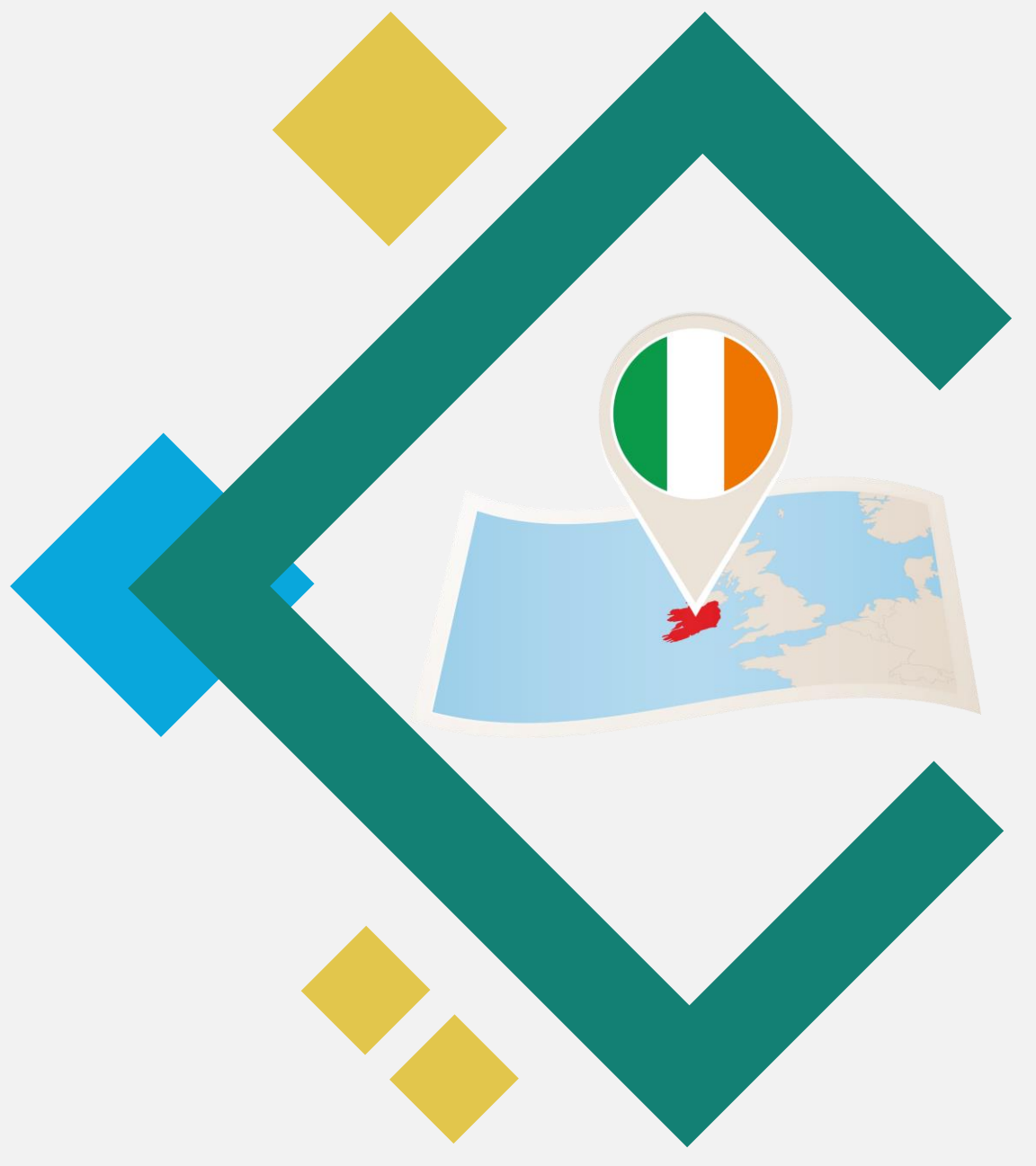
Cyprus

Main challenges of a care manager

- ◆ Competition between sectors
- ◆ Population demographics
- ◆ Relatives' expectations
- ◆ Workload and staffing shortages
- ◆ Staff education and diversity

Ireland

PCC model: Context, barriers and supportive factors








The Person-centred Practice Framework continues to shape compassionate and effective healthcare practices.

Strengths of Person-Centred Planning (PCC): Individual Focus, Normalisation and Independence, Strengths-Based Approach, Social Model of Disability, Choice and Control, Real Change.

Weaknesses of PCC: Implementation Challenges, Consistency, Monitoring and Evaluation, Balancing Individual and System Needs, Inclusivity.

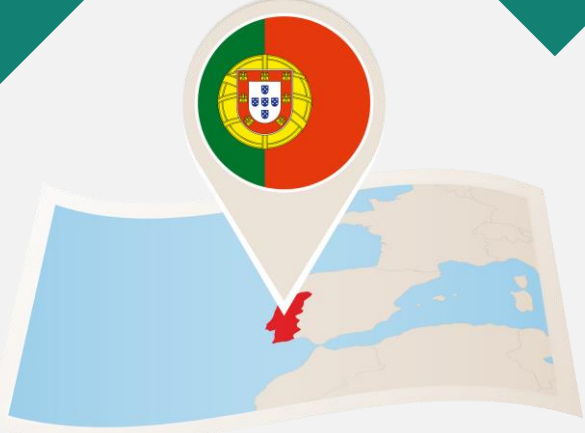
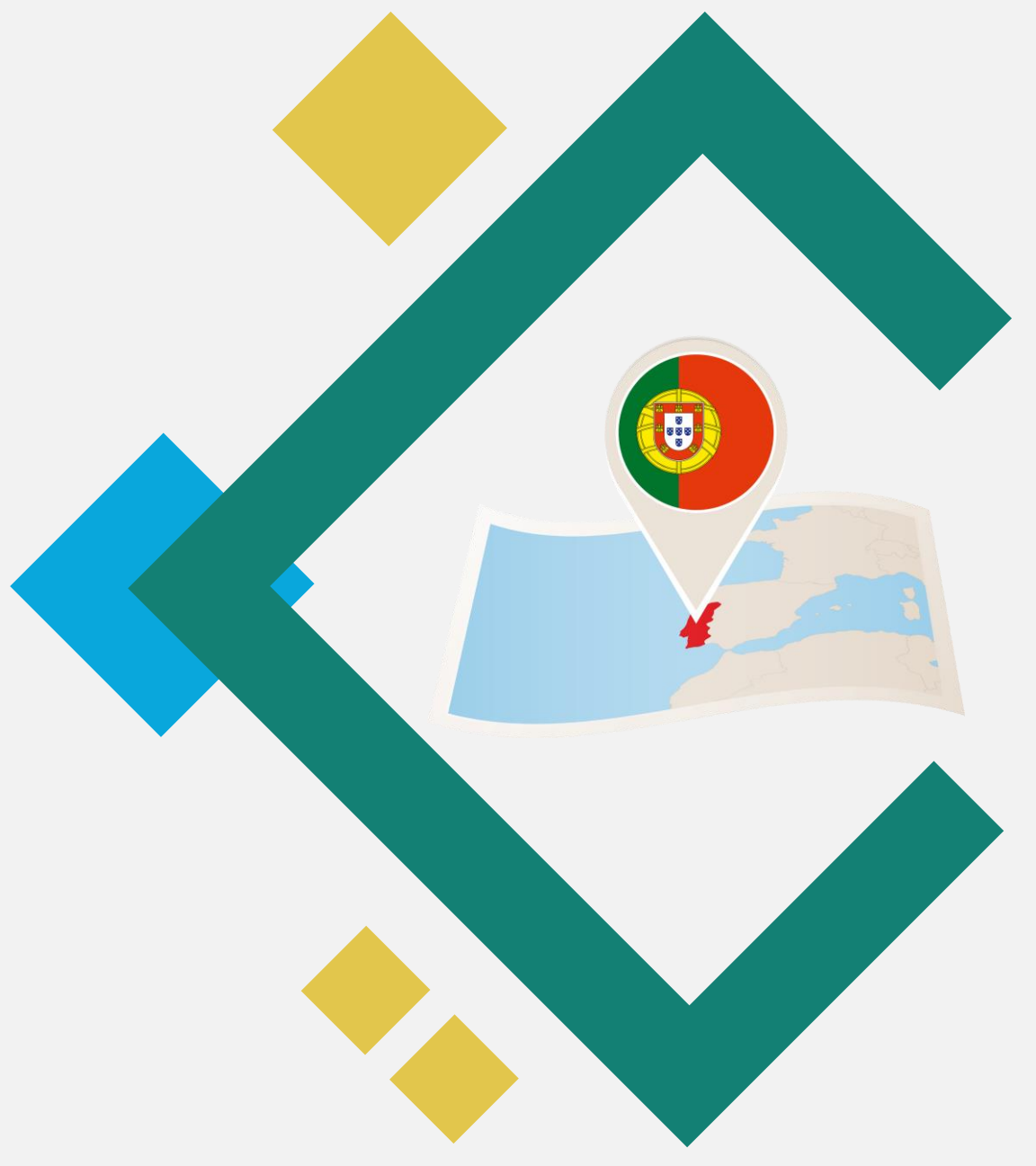
Ireland

Main challenges of a care manager

-  Limited resources
-  Safety of care
-  Demanding to engage patients in decision making
-  Financial Compensation
-  Sustainability

Portugal

PCC model: Context, barriers and supportive factors



Care is no longer centred on meeting basic needs, but on promoting successful ageing, well-being and quality of life.

There are public policies that protect the adoption of PCC by care institutions, within a framework of human rights and the humanisation of care

Main challenges: old structuring and management models, the lack of information and training, the physical and psychological overload associated with providing care or the lack of knowledge of the improvement in the provision of care.

Portugal

Main challenges of a care manager

- ◆ managing human resources and their users
- ◆ a high turnover and absenteeism rate
- ◆ rotating schedules, staff shortages, work overload, emotional and physical overload, and the difficulty of managing personal and professional life
- ◆ lack of knowledge and training of their professionals about the PCC

Romania

PCC model: Context, barriers and supportive factors



The National Strategy regarding long-term care and active ageing for the period 2023 - 2030 has the vision to ensure that all older people from can live with dignity and maintain their quality of life, autonomy and the possibility of choice.



Public administration authorities must guarantee the provision of care services by long-term care for the older people, as a measure of social assistance.



There is no specific position of care manager, so it is not a job description, he is generally taken over by the head of the center or in some cases by the chief medical assistant, where there is one.

Romania

Main challenges of a care manager

- ◆ lack of specialized staff
- ◆ lack of a strategy in the initial and continuous training of the staff
- ◆ the almost non-existent offer of training in the field of caring for the older people
- ◆ the difficulty of putting personalized care into practice
- ◆ poor integration between the health and social sectors, this being an important factor for the development of coherent policies and interventions in the field of older care and active ageing

Spain

PCC model: Context, barriers and supportive factors



The sector dedicated to the care of the elderly is undergoing strong development in both the provision of services and existing care models.



More appropriate to speak of "person-centered care models" rather than as a single model. The model used in Castilla y León region is called "Care Centered on what is Important to the Person".




About the major challenges there is the need for training professionals and the need to change the entrenched culture regarding the use of physical and pharmacological restraints in the care of older people.

Spain

Main challenges of a care manager

- ◆ need for structural changes (redesign of physical spaces to create a better environment for personalized interventions)
- ◆ drive teams to support the participation of service users and their involvement in decision-making processes
- ◆ heavy workload of care workers and the resulting lack of time, as well as the high levels of stress
- ◆ the difficulty of putting personalized care into practice: need to train care workers and for care managers to improve the skills needed to meet the changing standards of care quality



Collecting the expectations and needs



<https://padlet.com/sorinamcocei/expectations-and-needs-related-to-the-compass-community-of-p-hlzilt6v4g20a00g>





The Compass platform

A Community of Practice (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), CoPs:

- (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.

COMPASS' CoP is an European Network of care managers and care workers interested to share experience and skills, build a common language, and support the consolidation of a new professional vision in the context of Person Centered Care Practices in aged-care.

Forum

A forum where you can network with your colleagues across Europe

[Read more](#)

Resources

A repository of resources, practices, tools and best practices on person-centered aged-care and leadership in person-centered care

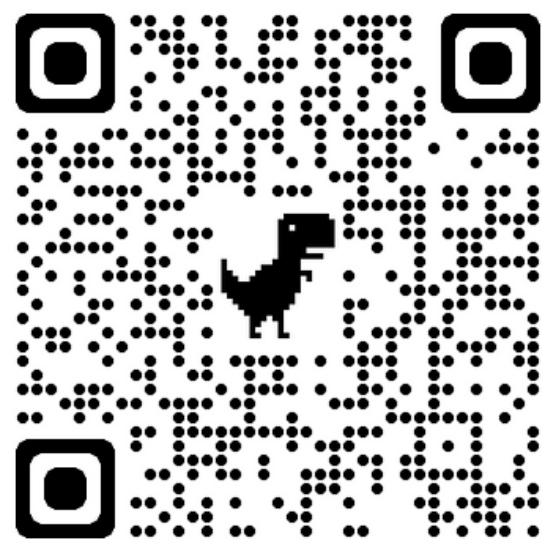
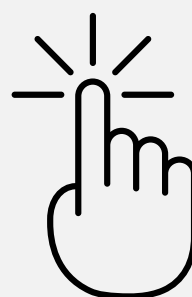
[Read more](#)

Events & seminars

During 2024 we will organize monthly online webinars dedicated to person-centered care related issues.

[Read more](#)

leadingcare.eu/community-of-practice



Upcoming CoP sessions



Share your feedback with us!

<https://forms.gle/GsmEQnnsnPqJAVvg9>





Project partners:



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