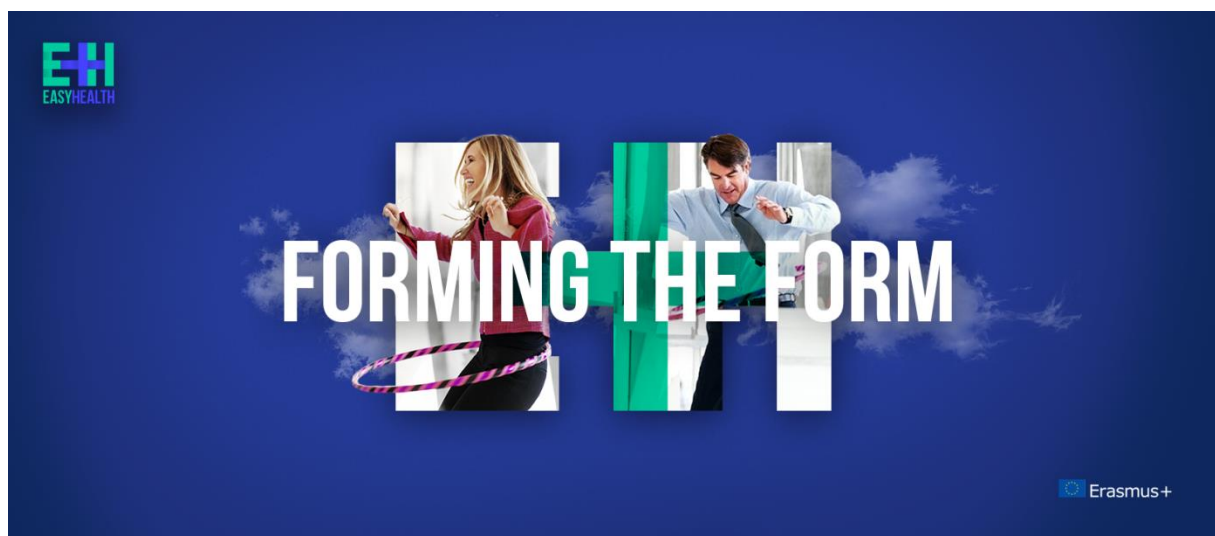


SURVEY about HYGIENE AND HEALTH TOWARDS VOCATIONAL INCLUSION

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ACROMNYMS

NQF	National Qualification Framework
EQF	European Qualification Framework
ECVET	European Credit for Vocational Education and Training
EPAL	Vocational High schools (in Greece)

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Background

The knowledge, skills and aptitudes of workers are a major factor in the companies' innovation, productivity and competitiveness. Social and civic competences, among which health literacy, are part of them and play a major role in workers' integration in the labour market: indeed, the competence is based on an attitude of collaboration, assertiveness and integrity which are valuable for companies.

The data from the European Health Literacy Survey published in 2013, show that nearly half the Europeans surveyed have inadequate or problematic health literacy. Weak health literacy skills are associated with riskier behaviour, poorer health, less self-management and more hospitalization and costs. Strengthening health literacy has been shown to build individual and community resilience, help address health inequities and improve health and well-being.

About 350 million working days are lost in the E.U. each year, with stress and depression recognized as a major cause of sickness. The European working-age population is expected to shrink between 2020 and 2060 by 13,6% and the number of workers older than 65 will increase. Consequently, health literacy is a key issue in our society in order to enable every member to be an active citizen as long as possible and contribute.

Health factor and role are very often underestimated as far as the professional inclusion is concerned. According to European Health Literacy Survey published in 2013, Workplace interventions about health have proved to help prevent accidents, lower the risk of industrial or occupational diseases, improve lifestyle choices and reduce the risk of non-communicable diseases. They have also been shown to counter stress factors (including job (in) security, demands and control and effort and reward in the workplace²) and issues related to achieving an appropriate work-life balance. Strengthening health literacy as part of comprehensive health and well-being programs improves attendance, performance, engagement and retention as well as health care costs.

INTRODUCTION about the project and its goals

EASY HEALTH is an Erasmus + project more precisely a strategic partnership gathering together VET providers, businesses, non-governmental organizations, a regional public body from 6 different countries;

We mean to address professionals and unemployed people (more particularly adults) to have the appropriate behaviour and reactions as far as health related to professional inclusion is concerned. Our aim is to provide keys to our target group so that they get the best chance to have a satisfactory and fulfilling professional life.

This project aims at supporting individuals in acquiring and developing key competences and more particularly competences related to health linked to professional inclusion.

The partnership will work on the design of a curriculum, a training game, a communication strategy to promote education for health, the creation of a new approach in order to raise awareness on the topic of health (part of social and civic competences : key competences) related to work. The project will cover several aspects:

- a) Health and life balance: biological and social rhythms, sleep, physical activities...
- b) Personal hygiene
- c) Food and health
- d) Addictions and prevention of risky behaviours

We mean to address VET learners, more precisely continuing VET which means future professionals, job seekers who are undertaking upskilling.

We are aiming at:

- helping them develop interpersonal skills for an effective interaction on a one-to-one basis or in groups.
- helping our target group to get knowledge of how to maintain good health, hygiene and nutrition for themselves and their family

- consolidating the social competencies required in order to maintain/to get employment implementing learning situations/tools related to their professional activities.
- reinforcing the security for the professional careers of employees or unemployed, future professionals by providing them with tools to prevent risky situations linked to health in a professional context.
- Helping our target group to acquire the necessary knowledge and skills to be able to adapt and meet the needs and expectations of employers and/or customers in a professional scope (related to health and hygiene).
- Preventing and reducing inequalities, many of which are due to living conditions and lifestyle factors, so that it benefits the society economically by reducing losses from illness associated with health inequalities and problems.
- giving individuals means to monitor their health and therefore ensure social and professional inclusion.

The project targets certain level of certifications, more particularly: EQF levels 3 and 4 in our countries with the goal to build a competences framework.

The survey

The main objective of this survey (**part 1 – desk survey**) is to consolidate the basis for a curriculum: hygiene and health towards vocational inclusion.

The first step consists in collecting and gathering data to find out if the subject of "health and hygiene" is dealt with in existing levels 3 and 4 qualifications in our countries and if yes how is this subject tackled (which competences, skills, knowledge, teaching methods) and which learning outcomes are expected.

Each partner is in charge of providing information linked to its educational system and qualifications in order to have a clear picture of the learning outcomes already identified and taught in our countries.

The goal of the second part of the survey (**part 2 – field survey**) is to collect new inputs from stakeholders. It will be conducted in various types of organizations such as:

- Training providers (adult education centers providing trainings for job seekers)
- Trade associations,
- Companies,
- Local authorities committed in the funding or provision of training.
- Social services
- Health associations

These stakeholders and experts will express ideas and identify areas and tasks on which the EASY HEALTH learning outcomes should be focused on.

The questionnaire will be delivered face to face to foster informal exchanges and the answers will then be put online so as to have an easy data collection and analysis.

The main challenge is to have a better understanding of the vocational situations they have to face in link with hygiene and health in the scope of their daily activities. Which problems are the most commonly faced by trainees/vocational learners and can become a hindrance to their professional inclusion? the same for job seekers ? What are the most common disorders among their trainees/employees having consequences in their daily activities/professional life and more generally their professional environment (colleagues and team, customers included? Which levers can be used in order to improve and facilitate professional inclusion? Which methodology do stakeholders use to provide a possible answer? Which learning tools/awareness tools do they use with their employees/job seekers/trainees in order

to suggest solutions and empowerment? What are companies' expectations about the hygiene and health habits of their employees?

Partners from Italy, Portugal, Norway and France will interview stakeholders and experts. Each country will interview 6 organisations so that we get 24 interviews for the all partnership.

I. European Qualifications Framework

1.1 General presentation of EQF

The purpose of the European Qualifications Framework for Lifelong Learning (EQF) is to facilitate the comparison of qualifications and qualification levels of different countries. The framework aims to further citizens' mobility and lifelong learning.

In the EQF, qualifications and competences are allocated on eight reference levels. The framework covers all general education, vocational and higher education qualifications. Each level is provided with a description of the knowledge, understanding and practical capability of a person who has achieved that level. Learning outcomes are defined in terms of knowledge, skills and competences.

http://www.oph.fi/english/curricula_and_qualifications/qualification_frameworks

The EQF is a common European reference framework which links together various countries national qualifications systems and qualifications frameworks. Its eight reference levels span the full scale of qualifications from basic to advance. As an instrument for the promotion of lifelong learning, the EQF encompasses all levels of qualifications acquired in general, vocational as well as academic education and training. Additionally, the framework addresses qualifications acquired in basic and continuing education and training. Each level of qualification should, in principle, be attainable through a variety of educational and career paths.

The EQF reference levels are based on learning outcomes that are described as knowledge, skills and competence. Each of the eight levels is defined by describing the learning outcomes relevant to qualifications at that level in any system of qualifications. **The EQF focuses on what a person with a qualification knows, understands and is able to do on completion of the learning process.**

According to the recommendation, the shift of emphasis to learning outcomes enables taking various European educational systems into account because comparison based merely on investments (for example, duration of studies) is difficult.

1.2 EQF in partners countries

1.2.1 ITALY

At the sitting of 20 December 2012 (acts directory No. 252 of 20 December 2012), through the Presidency of the Council in the Permanent Conference between State-Regions and Autonomous Provinces of Trento and Bolzano, Italy has adopted the agreement on the referencing of the Italian qualifications Framework to the European qualifications Framework for lifelong learning (EQF) referred to in the Recommendation of the European Parliament and Council of 23 April 2008. By this agreement the Synoptic Framework was defined referencing national public qualifications at the levels of the European qualifications framework for lifelong learning

Level	Types of qualification	Example
EQF Level 1	Lower secondary school leaving diploma	Diploma awarded by the lower secondary school
EQF Level 2	Compulsory education certificate	
EQF Level 3	Professional operator certificate	Issued by the Regional Three-year course (Education and Vocational Training)
EQF Level 4	Professional technical diploma Upper state education diploma Professional technician diploma Diploma of professional education Certificate of technical specialization	IV year IeFP Issued as a result of the state exam at the end of the five-year course of the second IFTS education cycle

EQF Level 5	Higher technical educational Diploma	ITS
EQF Level 6	degree 1st level academic diploma	Three-year degree Academy of Arts / Conservatory
EQF Level 7	Master's Degree II level academic diploma First level university master Diploma of specialization (1st level) Postgraduate Diploma or Master's Degree (1st level)	Master's Degree
EQF Level 8	Ph.D Academic diploma in research training Diploma of specialization II level university master's degree Diploma of specialization (II level) Postgraduate Diploma or Master's Degree (2nd level)	

Source: ISFOL - First Italian report on the referencing of qualifications to the European EQF framework

The National Directory of Education and Training Qualifications and Professional Qualifications was established in Italy by the legislative decree no. 134 of 16 January 2013. The Repertory constitutes the single reference framework for the certification of skills, through the progressive standardization of education and training qualifications (including those of IEFP-Education and Vocational Training), and of professional qualifications through their correlativity, also through a shared system of recognition of training credits in an European key. The national repertoire consists of all the repertoires of education and training qualifications, and of the professional qualifications awarded in Italy by an Entity holding or issued following an apprenticeship contract. The Decree sets out the Entities holding: the Ministry of Education, University and Research; the Regions and the Autonomous Provinces of Trento and Bolzano; the Ministry of Labor and Social Policies; the Ministry of Economic Development and the other competent authorities in matters of certification of competences referring to qualifications of the regulated professions (Article 5 of Legislative Decree No. 206 of November 9, 2007). The National Repertoire recomposes therefore the system of qualifications awarded in Italy with reference to the following subsets: University; Secondary school;

Education and vocational training; National framework of regional qualifications; Apprenticeship; Professions.

It is possible to consult the National Repertoire at this link:
https://atlantelavoro.inapp.org/repertorio_nazionale_qualificazioni.php

At present, the repertoire is managed by the INAPP (National Institute for the Analysis of Public Policies), established by legislative decree 150/2015 and which has modified the governance of labor policies in Italy. The new public research body, supervised by the Ministry of Labor and Social Policies, will deal with the analysis of monitoring and evaluation of labor and employment services policies, education and training policies, social policies and more generally all economic policies that have effects on the labor market. The National Repertoire collects data from the various regional repertoires representing a heterogeneous regional set of paths related to professional figures, some of which are regulated by state laws and / or by the State Regions agreement (for example, Hairdresser, social-health workers), others defined on the basis of characteristic profiles and operating in the purely local world of work. Each training course recognized at a regional level meeting the minimum standards defined by the state legislation, is valid for professional qualification and it gives access to the exercise of professional activities, including through registration to professional registers. The regional repertoire, can be updated and / or implemented following the processes of institutional collaboration and social concertation that take place in the territory, for example with "possibility of widespread proposition" for the need of new professional figures proposed by private or public bodies (social partners, bilateral bodies, educational institutions, educational institutions, universities, provinces, region, etc.). The updating or insertion of new professional or training profiles takes place at different stages: presentation of the proposal; preliminary investigation by the competent regional authorities; verification and final approval.

1.2.2 FRANCE

France has a NQF based on a five-level structure with a strong labour market focus as it does not include general education. It covers vocationally and professionally oriented qualifications, including all higher education qualifications with a vocational and professional orientation and purpose. It was established in 2002 when the national commission on vocational qualifications (Commission Nationale des Certifications Professionnelles : CNCP) and the national register of vocational qualifications (Répertoire National des Certifications Professionnelles : RNCP) was set up.

Three main types of qualifications are included in the RNCP:

- Qualifications awarded by French ministries in consultation with the social partners.
- Qualifications awarded by training providers, chambers and ministries but where no consultative committee is in place,
- Qualifications awarded by social partners under their own responsibility.

(the latter two need approval by the CNCP and adherence to strict procedures and criteria)

12,000 qualifications are covered by the French framework among which two-thirds are awarded by public authorities and one third by training providers, chambers and social partners.

The objectives of the French NQF are mainly focused on employability and all qualifications registered can be acquired through validation.

There is need for the NQF to evolve constantly and this is the reason why two proposals have been put forward in recent years in view of addressing youth unemployment: the latest in 2016 for a seven-level structure. One question is all about opening up the framework to low-level qualifications that would correspond to EQF level 2.

French nomenclature	Qualification types	EQF levels
I- Doctorat	Doctoral programmes	8
I- Master	Master degrees Degrees in engineering Qualifications on demand level 1	7
II- Licence	Bachelor programmes Vocational bachelor Qualifications on demand level 2	6
III	Undergraduate technician certificates Undergraduate certificates in technology Master qualifications issued by the chambers of trades Qualifications on demand level 3	5
IV	Vocational baccalaureates Technological baccalaureates Professional certificates Technician certificates Qualifications on demand level 4	4
V	Secondary vocational certificates Qualifications on demand level 5	3
	No French qualifications and certificates at these levels	2 - 1

1.2.3 GREECE

The Greek NFQ consists of 8 levels, reflecting existing formal education and training system. Levels are defined in knowledge, skills and competence which are determined through learning outcomes for each particular level. The Ministry of Education and Religious Affairs is responsible for HQF implementation, with EOPPEP (National Organisation for the Certification of Qualifications & Vocational Guidance) as the main actor.

Following EU education policies, since 2006 Greece has developed a methodology for analyzing occupational profiles, incorporating the learning outcomes approach in the context of a broader strategy to upgrade VET. Authorities have developed 202 job profiles based on learning outcomes, according to labour market research, surveys and evaluation of existing curricula.

At the moment, the HQF framework is at early operational stage. For the framework to be fully operational, legal measures (such as the legislative framework of HQF & legal framework for validation of non-formal education and informal learning) need to be taken.

The focus of Greek NQF is to improve lifelong learning and practices, which will allow recognition and certification of all kinds of education and training, in a context of low and - up to now - stagnant adult participation. The Act on Lifelong Learning (3879/10) was an important milestone in this development; reforms in vocational education and training (VET), underpinned by legislation (2013) (2) and (2014) (3), have been embedded in the HQF. Moreover, the country aims to improve the system's transparency and enhance horizontal and vertical mobility.

In the future, NQF modifications are expected to have an important impact on education:

- Increased attention to **validation of formal/informal learning**
- Improvement of **transparency and quality** of the Greek education system
- Reconstruction of qualifications' registry in accordance with **compatibility** requirements of EQF portal and EU skills, competences, qualifications and occupations portal
- Intensified **involvement of a broader range of stakeholders** in the context of apprenticeships and vocational learning

NQF levels	VET	General education	Higher education	EQF levels
8			Doctorate (<i>didaktoniko diploma</i>). (Universities)	8
7			Master degree (<i>metaptychiako diploma eidikefsis</i>) (Universities/technological education institutions (TEI)-higher education)	7
6			Bachelor degree (<i>ptychio</i>) (Universities/TEI-higher education)	6
5	Vocational upper secondary school 'degree' (**) (vocational upper secondary school 'degree'/certificate and apprenticeship class) (**) (<i>ptychio epaggelmatikis eidikotitas-EPAL</i>) Vocational training diploma (Initial vocational training) (post-secondary level) (<i>diploma epaggelmatikis eidikotitas</i>) (vocational training institute) (<i>institouto epaggelmatikis katartisis, IEK</i>) Vocational training diploma (*) (<i>diploma epaggelmatikis katartisis epipedou metadefterovathmias epaggelmatikis katartisis, IEK</i>) (post-secondary level) Post-secondary and not higher education diploma or 'degree' (**) (<i>diploma/ptychio anoteris scholis</i>)			5
4	Vocational school (<i>epaggelmatikes sxoles</i>) (EPAS) certificate (post-lower secondary level) (<i>ptychio EPAS</i>) Vocational upper secondary school (<i>epaggelmatika lykeia</i>) (EPAL) 'degree' (**) (<i>ptychio epaggelmatikis eidikotitas-EPAL</i>) EPAL certificate (<i>apolitirio epaggelmatikou lykeiou-EPAL</i>)	General upper secondary school certificate (<i>apolytirio lykeiou</i>)		4
3	Vocational training school (SEK) certificate (post-lower secondary level) (<i>ptychio epaggelmatikis eidikotitas-SEK</i>) IEK certificate (*) (initial vocational training, post-lower secondary level) (<i>pistopoiitiko epaggelmatikis katartisis epipedou 1– IEK epipedou 1</i>)			3
2		Lower secondary school certificate (compulsory) (<i>apolytirio gymnasiou</i>)		2
1		Primary school certificate (compulsory) (<i>apolytirio dimotikou</i>)		1

(*) This qualification is no longer awarded since the enactment of Law 4186/2013.

(**) The word 'degree', whenever used within quotation marks, signifies that it is a direct translation from the terminology in Greek as it appears in the Greek legislation (*ptychio*). In Greek, the word *ptychio* is used for titles of study from different education levels (higher, secondary, etc.). It is not to be confused with its usage in the English language, whereby the word degree refers to higher education title of study, i.e. bachelor degree.

Source: Greek Ministry of Education and Religious Affairs and EOPPEP, 2015.

1.2.4 NORWAY

Norway operates with the NKR (English; NQF: Norwegian Qualifications Framework), with a total of seven levels in which the enrollment of diplomas, degrees, and certificates is prescribed by the Norwegian Ministry of Education and Science. It's main objectives are the promotion of life long learning and cross-border mobility, and it focuses on assessing the outcomes of completed learning processes by the three categories; "knowledge", "skills" and "general competences".

It is supposed to function as a tool for easier understanding of correlations between levels of qualification in the educational system, differences between expected learning outcomes at different NKR levels, and the different paths to achieve qualification through education.

The NKR/NQF was adopted in 2011 and first in December 2017 it was regulated towards the EQF and QF-EHEA by the Norwegian Ministry of Education and Science.

The ministry is alone in responsibility, definition and maintenance of the NKR/NQF.

The implementation of noting/referencing of NKR/NQF, EQF and/or QF-EHEA levels on issued diplomas, certificates, documents of skill, and Europass-documents issued by national authorities and educational institutions is a process that is **not yet completed**. Known issues for the ordinance is slow adaptability to reflect the development of EQF, notorious under-staffing and low budget provisions for the agency in charge of validation of qualifications from other countries, via the EQF/QF-EHEA, leading to some of the longest waiting times in Europe for validation for qualification-documents, in particular for Non-EU citizens, migrants and refugees. Note that the NKR/NQF at level 1 equates no compatible qualification types, with EQF no qualification types, meaning the system heavily relies on the competence and insight possessed by the case handler on foreign educational systems, and risks placing unknown or unfamiliar education in the equivalent of EQF level 1. The specific mention of these issues is due to it's core relevance for the work of the Norwegian partner in the project. The main agenda for the ordinance ad hoc seems to be catching up with the adaption and evolution of the EQF/QF-EHEA.

Norwegian nomenclature	Qualification types	EQF levels
8: Ph.d. Dr.philos. Diplom, kunstnerisk utviklingsprog.	Doctoral programs Diploma for artistic development program	8
7: Mastergrad Master I rettsvidenskap Cand.med. Cand.med.vet. Cand.psychol. Cand.theol. Enkelte engelskspråklige grader	Master degrees Specific former Cand. ordinances Some anglophone master degrees; Master of Laws, Master of Business Administration etc.	7
6.2: Bachelorgrad Vitnemål fra grunnskolelærerutdanning og fra allmennlærerutdanning	Bachelor programs Diplomas for primary and general school teacher educational programs.	6
6.1: Høgskolekandidatgrad	"High School" candidate degree, a former ordinance semi-equivalent of a university bachelor degree, not to be confused with the English High School level.	6
5.2: Vitnemål fra fagskole 2	Diploma Vocational School 2 with a duration of 1-2 years.	5
5.1: Vitnemål fra fagskole 1	Diploma Vocational School 1 with a duration of 6 months to 1 year.	5
4 B: Vitnemål fra studieforbredende videregående opplæring	Diploma from pre-university preparatory general tertiary education.	4
4 A: Fagbrev, Svennebrev, og vitnemål fra yrkesfaglig videregående opplæring	Vocational Certificate, Apprenticeship Certificate, Diploma from Vocational tertiary education.	4
3: Kompetansebevis for i grunnkompetanse videregående opplæring.	Proof of competence for completion of basic tertiary education.	3
2: Vitnemål fra 10-årig grunnskole	Diploma for completion of 10 years of basic schooling (primary and secondary school)	2
1: Ingen innpassede kvalifikasjoner	Equivalent of no compatible qualifications or certificates.	1

1.2.5 POLAND

Poland started developing a comprehensive NQF (the Polish qualifications framework, PQF) in 2006. The PQF forms part of the Polish integrated qualifications system, together with the qualifications register and arrangements for quality assurance and validation of non-formal and informal learning. It is one of several instruments for reform in a wider policy strategy which aims to promote lifelong learning and support education, training and learning more directly, responding to the needs of the labour market and society at large. Through its focus on learning outcomes, the PQF is an important tool for strengthening the transparency and overall consistency of education and training. Its role goes beyond merely describing existing qualifications, contributing to the redesign of programs, standards and curricula. The PQF was formally adopted through the Act of 22 December 2015 on the integrated qualifications system, which entered into force in January 2016.

The framework consists of eight learning-outcomes-based levels, covering all types of qualifications from general education, VET and higher education. The framework and the register are also open to regulated and non-statutory qualifications from the private and non-formal sectors, provided they meet agreed quality criteria.

The Minister of Education is responsible for overall coordination of the PQF, and an advisory stakeholder council was set up in September 2016 including representatives of the employer organisations, trade unions, National Chamber of Commerce and educational institutions from the formal and non-formal sectors, including the Polish Rectors Conference. The Educational Research Institute has played a key role in developing the framework and continues to provide technical assistance to the Minister of Education.

In November 2017, first non-statutory qualification was added to the integrated qualifications register.

PQF levels	Qualifications from the formal system	Regulated and non-statutory qualifications	EQF levels
8	Third cycle of higher education (PhD)		8
7	Second cycle of higher education Integrated first and second cycle Partial qualification for post-diploma studies		7
6	First cycle of higher education Partial qualification for post-diploma studies		6
5	Vocational qualifications Partial occupational qualifications		5
4	Upper secondary school leaving certificate (<i>Matura</i>) Vocational qualifications Partial occupational qualifications		4
3	Vocational qualifications Partial occupational qualifications	Assembly of construction woodwork (<i>Montowanie stolarki budowlanej</i>)	3
2	Lower secondary school leaving certificate Vocational qualifications Partial occupational qualifications		2
1	Primary school leaving certificate		1

Source: NQF update presentation to the EQF AG, December 2016.

1.2.6 PORTUGAL

European Qualifications Framework (EQF) in Portugal

A comprehensive NQF (quadro nacional de qualificações, QNQ) has been in place since October 2010. It is a single reference for classifying all levels and types of qualifications obtainable in Portuguese education and training via formal, non-formal and informal learning. It has eight levels and is defined in terms of knowledge, skills and attitude. The NQF forms part of a broader education and training reform programme since 2007, aiming to raise the low qualifications level of the Portuguese population. Its main objectives are to improve quality, relevance, transparency and comparability of Portuguese qualifications, along with their understanding abroad, and promote access to lifelong learning and recognition of knowledge and skills. The NQF has reached an early operational stage. All higher education and VET is already organised based on the NQF descriptors. The databases consider the structure of the NQF and access to the financial support also takes the framework into consideration. Most national qualifications certificates and diplomas indicate the corresponding NQF/EQF qualification level. Higher education qualifications have been included in

the more detailed framework for higher education qualifications (FHEQ-Portugal), which is part of the comprehensive NQF. Three main steps were taken to put the NQF into practice. First, a new institutional model was developed: a National Agency for Qualifications and the Agency for Assessment and Accreditation of higher

education (A3ES) were established in 2007. Second, a national qualifications catalogue was created in 2007 as a strategic management tool for non-higher national qualifications and a central reference tool for VET provision. Third, the national system for recognising non-formal and informal learning was further integrated into the NQF. This system been reformed in 2012 to address better the validation, training and guidance of youngsters and adults. The NQF has been a driving force behind incorporation of the learning outcomes approach into the Portuguese education and training system. National qualifications and curricula in all education sectors have been progressively aligned with the NQF descriptors. This is continuing. Much still needs to be done to encourage discussion and raise awareness on learning outcomes among different stakeholders and disseminate the information to a wide spectrum of stakeholders, especially in the labour market, where the NQF is not yet known. The NQF was linked to the EQF and self-certified against QF-EHEA in June 2011.

NQF Levels	Qualifications	EQF Levels
8	Doctoral Degree	8
7	Master Degree	7
6	Bachelor Degree	6
5	Diploma in Technological Specialisation	5
	Secondary Education and Professional Certification	
4	Secondary Education and Professional Internship, minimum six months	4
3	Secondary Education	3
2	Third Cycle of Basic Education	2
	Third Cycle of Basic Education and Professional Certification	
1	Second Cycle of Basic Education	1

1.3 The learning outcomes approach

If we wish NQF to be understandable and comparable, a common approach is needed: qualifications and levels are made clear and explicit as they are based on descriptors which follow the same structure. They are defined by learning outcomes which are statements of what a learner knows, understands and is able to do following a learning process.

The Learning achievements (or outcomes) are specified in the shape of:

Associated knowledge: In the context of EQF, knowledge is described as theoretical and/or factual.

Level 3: *Knowledge of facts, principles, processes and general concepts, in hygiene and health.*

Level 4: *Factual and theoretical knowledge related to health and hygiene in broad contexts within a field of work.*

Skills In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments).

Level 3: *A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information*

Level 4: *A range of cognitive and practical skills required to generate solutions to specific problems a range of tasks undertaken in the professional environment.*

Competence In the context of the EQF responsibility and autonomy is described as the ability of the learner to apply knowledge and skills autonomously and with responsibility

Level 3: *Take responsibility for completion of tasks in work ; adapt own behaviour to circumstances in solving problems.*

Level 4: *Exercise self-management within the guidelines of work contexts that are usually predictable, but are subject to change; supervise the routine work of others, taking some responsibility for the evaluation and improvement of work activities.*

The EQF system for EASY HEALTH learning outcomes:

- Learning outcomes should refer to qualifications and the learning achievements of an average learner,
- Learning outcomes should be learner-centered. Learning outcomes need to be described in such a way that they focus is on the learner and not on the teacher or the objectives of the curriculum.
- All learning outcomes can be evaluated: it is important to be able to determine if the learner has achieved the expected outcomes. Thus, assessment criteria are chosen (occupational activities and/or tasks make things easier to assess).
- They refer to what the learner is able to do and knows at the end of the learning process.
- Each learning outcome should only have one a single purpose to facilitate the assessment and the measurement of its achievement by the learner.
- Describe the minimum requirements for the validation of a learning outcome (list all the tasks needed to fulfil an activity).

2. THE DESK SURVEY

2.1 In your country, have the agencies responsible in defining the school curricula for professional diplomas already introduced recommendations to instill the topic of health into curricula/ units /modules?

In the countries taking part in this desk survey namely Italy, France, Greece, Norway and Portugal, in all of them, agencies have introduced recommendations and even sometimes obligations to deliver health subject to attendees of professional trainings. Nevertheless, the level and the scope are very different from one country to the other.

In Italy, the recommendation only concerns a level 4 diploma : socio-sanitary operator (OSS) which finally means the subject is missing.

In France, health is a subject which is compulsory in levels 3 and 4 diplomas and is part of the curricula and final exam.

In Greece, the topic is approached for some level 4 diplomas and specific trades : nursing, physiotherapy, radiology, pharmaceuticals, cosmetology, jewelry, bakery and confectionary, hairdressing, cooking, electrical engineering. There is no recommendations for level 3 diplomas at all.

In Portugal, the situation is very close to the French one, as Health is a subject part of all qualifications under the system of Education and Training courses and learning courses (levels 2, 3, 4 and 5).

In Norway, there is not any recommendations related to the teaching of health or any topic linked to this field for EQF levels 3 and 4 certifications.

2.2 Can you describe the recommendations or /and the units/modules ?

Country	Reference to the qualification / job	Type of recommendations	Title of the Unit /module (if relevant)	EQF-Level	Delivery of diploma (ongoing assessment, final exam.....)
Italy	<i>Socio-sanitary operator</i>	The Socio-Sanitary Operator is able to carry out activities of care and assistance to people in distress or non self-sufficiency on the physical and / or psychic level, in order to satisfy their primary needs and promote their well-being and autonomy as well as social integration.	1. Promotion of psychological and relational well-being of the person 2. Domestic-environmental adaptation 3. Assistance to the health of the person 4. Care for primary needs of the person	4	Final examination (Source: Emilia-Romagna Region: http://formazionelavoro.regione.emilia-romagna.it/)
France	<i>All qualifications</i>	<i>The learner should get basic knowledge about health regarding personal and professional life, consumption, professional environment and inclusion.</i>	1.Health and life balance 2.Health and food 3.Risky behaviours and addictions 4.Risk prevention 5.Safety at work 6.Physical risks due to vocational activity 7. stress	4/3	Final examination

Greece	EPAL certificate (1 st class)- Orientation courses (course taught to all professions)	<i>Attendants should know basic practices for self-protection, possible harms and supportive institutions</i> <i>During this course, it is recommended to give extra focus to health & safety sectors functioning in each school's premises</i>	<i>Safety & hygiene in work environment</i>	4	Ongoing Assessment
Greece	EPAL certificate (2nd class)- Health, provision and wellness sector (all professions)	Students should know basic principles for health preservation through a balanced nutrition	<i>Health and nutrition</i>	4	Ongoing assessment

Greece	Nurse assistant, Radiology assistant, Nursery school assistant, Physiotherapist assistant, Dental technician assistant, Radiologist assistant, Pharmacist assistant,	Knowledge of basic hygiene principles at personal level, as well as in their working environment	<i>hygiene</i>	4	<i>Final examination</i>
Greece	Radiologist assistant	Should know principles and necessary precautions from radio energy within their working environment	<i>Radiation protection</i>	4	Average of quarterly oral examinations

Portugal	<i>All the qualifications under the System of Education and Training Courses and Learning Courses</i>	<i>- Defines concepts of health, occupational disease and work accident - characterizes the different types of addictions and several contemporary pathologies.....</i>	- Health Promotion - hygiene and prevention at work	3/4	Final Examination internship in work context
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2.3 Learning Outcomes

2.3.1 ITALY

He/She is able to : carry out activities of care and assistance to people in distress or non self-sufficiency on the physical and / or psychic level, in order to satisfy their primary needs and promote their well-being and autonomy, as well as social integration.

Describe knowledge that refers to skills and competencies (theoretical and /or factual knowledge)	Describe skills /part of the work process (<u>The ability to apply knowledge and use- know how to complete tasks and solve problem</u>)	Describe social and personal competence (<u>the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development</u>)
1. Promotion of psychological and relational well-being of the person	<ul style="list-style-type: none"> - Stimulate the patient's expressive and psycho-motor abilities through recreational and recreational activities and encouraging the maintenance of residual abilities; - Set the appropriate relationship of help, adopting behaviors in harmony with the psychological and relational needs of the patient, including emotional and emotional support; - Supporting socialization and integration processes by encouraging active participation in residential and non-residential initiatives; - Encourage the maintenance and recovery of parental and friendship relationships - Identify the needs of setting up and reorganizing the living and care environments of the patient, identifying solutions aimed at ensuring their 	

	adequacy, functionality and personalization.	
2. Domestic-environmental adaptation	<ul style="list-style-type: none"> - Apply protocols and procedures for the disinfection, sterilization and decontamination of instruments and health facilities - Adopt suitable behavior for prevention / reduction of occupational, environmental and user risk - Understand and apply the indications defined by the personnel in charge regarding the use of simple medical devices and for the help to the taking of drugs 	
3. Assistance to the health of the person	<ul style="list-style-type: none"> - Adopt the procedures and protocols provided for the collection and storage of waste, the transport of biological material, health and samples for diagnostic tests - Apply, according to the defined protocols, techniques of execution of simple medications or other minimal health services 	

	<ul style="list-style-type: none"> - Support and facilitate the user in the performance of primary functions, personal hygiene, dressing, mobility and food intake, in relation to the different degrees of disability and non-self-sufficiency 	
4. Care for primary needs of the person	<ul style="list-style-type: none"> - Apply techniques for the correct mobilization and maintenance of the motor skills of the user in the performance of primary functions - Adopt appropriate measures and practices for the assumption of correct postures and for the prevention of immobilization and entrapment syndromes - Recognize the specific diet therapy for food preparation 	

2.3.2 FRANCE

He / she is able to : Mastering life balance

Describe knowledge that refers to skills and competencies (theoretical and /or factual knowledge)	Describe skills /part of the work process (The ability to apply knowledge and use- <u>know how to complete tasks and solve problem</u>)	Describe social and personal competence (the proven ability to use knowledge, skills and personal, social, methodological <u>abilities in work or study situations and in professional and personal development</u>)
Biological rhythms Social rhythms Factors of desynchronization of rhythms and effects. Corrective measures	-Define the circadian rhythm, the weekly rhythm. -Differentiate social rhythms -State the consequences of the desynchronization of biological rhythms (weekend effect, shift work, time shift). -Infer the action to be taken to adapt to the break in rhythms	Adopt a coherent biological rhythm
Sleep: different phases and functions Sleep disorders and insufficiency: effects and prevention	-State the functions of sleep and its different phases. To highlight the effects of insufficient sleep on the daily activity Specify the conditions for restorative sleep. -Identify sleep disorders: insomnia, hypersomnia. -Identify the action to be taken to ensure a restful sleep.	Get restorative sleep

<p>Muscular work and physiological effects</p> <p>Aesthetic psychological effects</p> <p>Notions of limits: overtraining, doping</p>	<ul style="list-style-type: none"> -Characterize the skeletal striated muscle. -Describe the mechanisms of muscular work. -Identify the physiological impacts generated by muscular work. -Distinguish between the positive and negative effects of physical activity on health. -Analyze the effects of overtraining and doping. -Justify the importance of regular and rational physical activity. 	<p>Manage own physical activity</p>
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He / she is able to : ... understand the concept and system of health care

Describe knowledge that refers to skills and competencies (theoretical and /or factual knowledge)	Describe skills /part of the work process (<u>The ability to apply knowledge and use- know how to complete tasks and solve problem</u>)	Describe social and personal competence (<u>the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development</u>)
<p>Concept of " health capital"</p> <p>Health plan, prevention</p> <p>Health care systems "</p>	<ul style="list-style-type: none"> -Characterize the concept of health capital based on the definition of the World Health Organization. -Characterize a health plan. -State the main national orientations of a current health plan 	<p>Understand the concept and the healthcare system.</p>

	-Highlight the specificities of the national health system.	
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He / she is able to : understand the basic principles of a balanced diet

Describe knowledge that refers to skills and competencies (theoretical and /or factual knowledge)	Describe skills /part of the work process (The ability to apply knowledge and use- know how to complete tasks and solve problem)	Describe social and personal competence (the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)
<ul style="list-style-type: none"> - A sociological approach to food -General principles of a balanced diet: diversity of food, frequency of meals 	<ul style="list-style-type: none"> --Identify different eating habits according to the context: family, professional activity, or group affiliation. - Identify the basic principles of a balanced diet. 	<ul style="list-style-type: none"> Adopt a responsible approach to eating behaviour taking into account the social, domestic, cultural and economic environment.
<ul style="list-style-type: none"> - taste and dietary pleasure. -food products -forms of catering -food and sustainable development -at-risk dietary behaviour -Eating disorders: bulimia, anorexia. 	<ul style="list-style-type: none"> -Describe the mechanism of perception of flavours. List the components of dietary pleasure. -Compare semi-processed products with fresh products (advantages and limits). -Characterize food supplements and functional foods. Identify their benefits and limitations -Compare different forms of catering. State the behaviour of eco-responsible consumers with regard to their diet. -Identify dietary risky behaviours and their consequences on health. 	<ul style="list-style-type: none"> Adopt a responsible approach according the choices made, have a critical mind and apprehend the limits.

	-Define eating disorders. -Indicate how to deal with high-risk behaviour or eating disorders.	
Traceability	-Spot the information of traceability and the indicators of quality on the label.	Understanding the sanitary quality of food

He / she is able to : ... prevent high-risk behaviour and addictive behaviour

Describe knowledge that refers to skills and competencies (theoretical and /or factual knowledge)	Describe skills /part of the work process (The ability to apply knowledge and use-know how to complete tasks and solve problem)	Describe social and personal competence (the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)
Risk taking factors and addiction phenomenon. Effects of addictive behaviour and poly-consumption (alcohol, tobacco, drugs, medication) Individual prevention measures	-Identify different risk taking factors. Define the phenomenon of addiction. -Identify the short and long-term effects of different psychoactive substances. Indicate the dangers of poly-consumption. -Identify the personal and social consequences of addictive behaviour. Suggest individual prevention actions.	Adopt a critical attitude towards addictive behaviours
Civil and criminal liability. Collective prevention measures	-Identify the legal and regulatory framework (prevention and repression) to: - A legal substance, - An illegal substance. Identify facilities for assistance and support	Be responsible individually collectively. Respect oneself and other people.

He / she is able to : Prevent risks

Describe knowledge that refers to skills and competencies (theoretical and /or factual knowledge)	Describe skills /part of the work process (The ability to apply knowledge and use- <u>know how to complete tasks and solve problem</u>)	Describe social and personal competence (the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)
Different types of risks. Conduct to be adopted in the case of major risks.	-Differentiate between major risks, occupational risks, domestic accident risks. -Identify collective measures to limit the gravity of the damage for a risk. -Indicate the emergency action to be taken in the event of a risk.	Identify high-risk situations and the course of action to follow.
Noise-sources Anatomy and physiology of the ear Consequences of noise on the body, on social life. Preventive measures	-Define noise and sound wave. -Identify noise sources. -Identify the different thresholds (hearing, fatigue, pain). -Locate the sound path. -Describe the mechanism of sound perception. -Identify the organs of hearing that may be damaged. -Differentiate between conductive and sensorineural hearing loss.	Protect oneself from noise

Identification of risks Evaluation of risks	<ul style="list-style-type: none"> -Analyze the professional context. -Identify dangerous situations. -Identify potential risks and hazards. -Assess the importance of the risks (frequency and severity, probability of occurrence). 	Identify occupational risks during work
<p>Approach based on risk: Analyze a high-risk situation by identifying: the dangers, the dangerous situation, the dangerous event, the possible damage.</p> <p>Assess the risks</p> <p>Propose measures to remove or reduce risks</p>	<ul style="list-style-type: none"> -Identify the elements that constitute a work situation that is representative of the risk. -Highlight the physiopathological effects of the risk. -Characterize the potential damage. -Assess persistent risks. -Propose and justify preventive measures: intrinsic, collective and individual, training and information. 	Observe safety rules - sense of responsibility regarding health.

He / she is able to : prevent physio-pathological risks of occupational risks

Describe knowledge that refers to skills and competencies (theoretical and /or factual knowledge)	Describe skills /part of the work process (<u>The ability to apply knowledge and use- know how to complete tasks and solve problem</u>)	Describe social and personal competence (<u>the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development</u>)
<p>Risk-based approach</p> <p>Chemical penetration channels</p> <p>Pathophysiological effects</p> <p>Preventive measures</p>	<ul style="list-style-type: none"> -Analyze the professional context. -Identify dangerous situations. -Identify the routes of chemical penetration: skin, respiratory system, 	Prevent chemical risk

	<p>digestive system.</p> <ul style="list-style-type: none"> - highlight the physiopathological effects of chemical risk. <p>Explain the biological phenomena involved.</p> <p>Propose and justify preventive measures at different levels, exposure limit values.</p>	
<p>Identification of high-risk situations.</p> <p>Pathophysiological effects</p> <p>Musculoskeletal disorders</p> <p>Spinal column disorders</p> <p>Prevention</p>	<ul style="list-style-type: none"> -Analyze static and dynamic physical activity. -Identify dangerous constraining situations. -Compare muscular work in the 2 situations: static and dynamic. -Explain the phenomenon of fatigue and tetanization. -Justify the importance of the recovery phase. -Define and identify the different MSDs -Identify aggravating factors. <p>-Identify the different areas of the spine</p> <p>Identify conditions in the professional sector</p> <p>-Identify aggravating factors based on postures, handling and movement.</p> <p>For each condition, propose individual, collective and integrated prevention measures: workplace adjustment, use of</p>	<p>Prevent risks in relation with physical 'activity</p>

	technical aids, safety and effort saving principles, compliance with regulations.	
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He / she is able to : ... implement a risk-based approach

Describe knowledge that refers to skills and competencies (theoretical and /or factual knowledge)	Describe skills /part of the work process (The ability to apply knowledge and use- know how to complete tasks and solve problem)	Describe social and personal competence (the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)
Mental load Stress Other effects	<ul style="list-style-type: none"> -Define the mental load. -Differentiate between emotional and psychological mental workload. Identify stress factors in the environment. -Describe the physiological mechanism of stress. -Differentiate between positive and negative stress. -State the short- and long-term effects of stress on health. -Explain the other effects. 	React in a rational way to stressful situations.

He / she is able to : ...prevent sexually transmitted infections

Describe knowledge that refers to skills	Describe skills /part of the work process	Describe social and personal competence
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and competencies (theoretical and /or factual knowledge)	(The ability to apply knowledge and use- know how to complete tasks and solve problem)	(the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)
sexually transmitted infections : the main causes, the channels of contamination, the symptoms, the consequences	-List the main bacterial and viral sexually transmitted infections . -Describe the channels of contamination and the causes, the symptoms and the consequences of such diseases.	Be able to prevent sexually transmitted infections (individual and collective responsability – self –respect)
The course of action	-Provide guidance after a contamination or a risk-taking.	
Methods for prevention	-State methods for prevention.	
Organisations providing help and support	-Identify local organisations able to provide help and support.	
/		

He / she is able to : ... prevent unintended pregnancies

Describe knowledge that refers to skills and competencies (theoretical and /or factual knowledge)	Describe skills /part of the work process (The ability to apply knowledge and use- know how to complete tasks and solve problem)	Describe social and personal competence (the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)
Contraceptive methods (preventive or emergency measure)	-Compare the actions of the different contraceptive methods specifying what their limits are (reliability ...)	

<p>Organisations liable to help and support..</p>	<ul style="list-style-type: none"> -Explain the choice for a preventive contraceptive methods. -Understand the difference between contraception and voluntary termination of pregnancy. -Specify the legal framework. -Identrtify local organisations able to provide help and support. -Specify the action to take after a risk-taking. 	
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2.3.3 GREECE

Describe knowledge that refers to skills and competencies <u>(theoretical and /or factual knowledge)</u>	Describe skills /part of the work process <u>(The ability to apply knowledge and use-know how to complete tasks and solve problem)</u>	Describe social and personal competence <u>(the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)</u>
Knowledge of: -Institutions for work conditions' improvement - Self-protection within work environment - Harming factors and ways to eliminate them	-Recognise possible dangers related to work environments -Take precautions against possible issues/dangers	Estimate and handle possible dangers for self and coworkers, promoting precautions in day to day tasks and contributing to danger management in work environment

He / she is able to:

Describe knowledge that refers to skills and competencies <u>(theoretical and /or factual knowledge)</u>	Describe skills /part of the work process <u>(The ability to apply knowledge and use-know how to complete tasks and solve problem)</u>	Describe social and personal competence <u>(the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)</u>
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<p>Knowledge of:</p> <ul style="list-style-type: none"> -Hygiene and health protection - Epidemiology and diseases - Environmental Hygiene - Nutritional Hygiene - Waste and water - Personal hygiene, residence hygiene (urban and rural) and work environment hygiene 	<ul style="list-style-type: none"> -Take the necessary precautions against health conditions or diseases -Maintain a healthy behaviour/routine in a social context 	<ul style="list-style-type: none"> -Implement basic hygiene principles -Better working performance through better health at a holistic level -Spread of healthy routines contributing to upgrade of working culture
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Learning Outcomes (radiologist assistant)

He / she is able to:

<p>Describe knowledge that refers to skills and competencies <u>(theoretical and /or factual knowledge)</u></p>	<p>Describe skills/part of the work process <u>(The ability to apply knowledge and use-know how to complete tasks and solve problem)</u></p>	<p>Describe social and personal competence <u>(the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)</u></p>
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Focus on radio energy, radiation protection principles, radiation protection for personnel and customers	-Avoid risk related to personal & customers' health	Perform tasks in work environment while ensuring working space compliance with safety precautions
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Learning Outcomes (Aesthetician)

He / she is able to:

Describe knowledge that refers to skills and competencies <u>(theoretical and /or factual knowledge)</u>	Describe skills /part of the work process <u>(The ability to apply knowledge and use-know how to complete tasks and solve problem)</u>	Describe social and personal competence <u>(the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)</u>
Basic hygiene and safety principles in the working environment -Precautions for personal safety and customers' safety during implementation of tasks	- Be aware and implement what constitutes to hygienic practices in different tasks, for self-protection and client protection	Offer services within the work environment, complying to hygiene and safety principles

Learning Outcomes (goldsmith)

He / she is able to:

Describe knowledge that refers to skills and competencies (<u>theoretical and /or factual knowledge</u>)	Describe skills /part of the work process (<u>The ability to apply knowledge and use-know how to complete tasks and solve problem</u>)	Describe social and personal competence (<u>the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development</u>)
Knowledge of necessary principles and precautions to avoid hazard within working environment	-Create jewelry without risking health due to exposure to acids or use of specific tools	Implement and maintain safety precautions within work environment, during day to day tasks

Learning Outcomes (baker)

He / she is able to:

Describe knowledge that refers to skills and competencies (<u>theoretical and /or factual knowledge</u>)	Describe skills /part of the work process (<u>The ability to apply knowledge and use-know how to complete tasks and solve problem</u>)	Describe social and personal competence (<u>the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development</u>)

<ul style="list-style-type: none"> -Selection of raw materials of high quality -Understanding of the impact of different raw materials to consumers' health -Preservation of raw materials and assessment of the appropriateness to use - Storage of products in appropriate and hygienic ways - Preservation of cleanliness and hygiene within the work environment 	<ul style="list-style-type: none"> -Prepare and preserve high quality products -Preserve a safe/hygienic work environment and storage space 	Upgrading work environment quality and presence by distributing products of high quality and nutritional value
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Learning Outcomes (hairdresser)

He / she is able to:

Describe knowledge that refers to skills and competencies <u>(theoretical and /or factual knowledge)</u>	Describe skills /part of the work process <u>(The ability to apply knowledge and use-know how to complete tasks and solve problem)</u>	Describe social and personal competence <u>(the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)</u>
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<p>Knowledge of:</p> <ul style="list-style-type: none"> -Proper implementation of treatment practices when applicable - Transmittable diseases and necessary precautions against them - Appropriate consumables and storage/usage principles for safe use and preservation -Possible problems that may come up during specific services (i.e. hair dye) - Cases in which specific services should not be applied 	<ul style="list-style-type: none"> -Recognize special health conditions of clients, that would imply special treatment when it comes to services -Preserve and use consumables in the appropriate way -Perform services complying to safety and hygiene principles 	<p>Performs secure processes and builds trust & rapport with clients, by knowing how to effectively treat their individual needs and requirements</p>
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Learning Outcomes (cook)

He / she is able to:

<p>Describe knowledge that refers to skills and competencies (<u>theoretical and /or factual knowledge</u>)</p>	<p>Describe skills/part of the work process (<u>The ability to apply knowledge and use-know how to complete tasks and solve problem</u>)</p>	<p>Describe social and personal competence (<u>the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development</u>)</p>
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<ul style="list-style-type: none"> -awareness of preparation processes for utensils -Working space cleanliness -Food quality and possible deteriorations -Storage conditions -Nutritional/harmful impact of several food categories -Raw materials and their nutritional value -Factors causing food deterioration -Health hazards provoked by deteriorated food -Different types of food poisoning, symptoms and precautions -Quality assurance systems (HACCP, ISO) for the sector and can mention the included measures -Temperatures for different food categories' storing 	<ul style="list-style-type: none"> -Prepare dishes of high nutritional value and under hygienic requirements 	<p>Contribute to high quality services and nutritional dishes, upgrading the quality of working space</p>
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Learning Outcomes (electrician)

He / she is able to:

Describe knowledge that refers to skills and competencies <u>(theoretical and /or factual knowledge)</u>	Describe skills /part of the work process <u>(The ability to apply knowledge and use-know how to complete tasks and solve problem)</u>	Describe social and personal competence <u>(the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)</u>
-Hazards that may occur through day to day tasks -Protective measures related to clothes, shoes, tools) -Safety precautions within the working environment	-Protect oneself during hazardous situations, by correct preparation and precautions according to safety measures	-Perform daily tasks without being exposed to serious dangers -Promote a developed and health-centered working culture

2.3.4. NORWAY

As indicated above, there isn't any mention of health, as a subject or even part of the subject, in the Norwegian VET curricula for EQF levels 3 and 4 qualifications.

2.3.5 PORTUGAL

Learning Outcomes -

He / she is able to : Defines concepts of health and importance of positive behaviours in health promotion, occupational disease and work accident. Identifies the main causes of occupational diseases and accidents at work. Identifies and interprets relevant elements of work accident statistics. Recognizes the advantages of collective and individual protection. It characterizes the different types of addictions and several contemporary pathologies. Recognizes the consequences of alcohol, tobacco and narcotic use. Understand the importance of family planning. Identifies behaviours that prevent sexually transmitted diseases. It recognizes civil society organizations in the prevention of risks, in the fight against disease and in support to citizens with pathologies or dependencies.

Describe knowledge that refers to skills and competencies (theoretical and /or factual knowledge)	Describe skills /part of the work process (The ability to apply knowledge and use-know how to complete tasks and solve problem)	Describe social and personal competence (the proven ability to use knowledge, skills and personal, social, methodological abilities in work or study situations and in professional and personal development)
concepts of health, causes of occupational disease and work accident.	-Develop activities to prevent and protect against occupational risks and -Collaborate in the planning, implementation and prevention of the company's prevention management system, professional risk and assessment process.	Listen and have a good interpersonal communication, support and psychological, emotional and social accompaniment Apply the techniques of hygiene and comfort, disinfection of clinical materials and equipment's in the scope of hygiene and safety in the work.

	-Assist in providing care to users, according to the nurse's instructions and ensure activities in support of the operation of the different units and health services.	
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2.3.6 SYNTHESIS

If we consider the results of this desk survey, we can note that:

- In Norway, there is no mention at all of health subject in VET curricula.
- In Greece, every time the subject is taught, it is all about health in the work environment and it is job-centered without any mention of general and personal knowledge and competences to promote a more balanced lifestyle and thus awareness about the idea to care for oneself and its own health either physical or psychological.
- In Italy, only socio-sanitary operators or people attending training in health sector, can benefit from a course dedicated to health but it is irrelevant for the topic we are willing to address as it aims at teaching learners how to take care of others (for instance, promotion of psychological and relational well-being of the person, care for primary needs of the person) in a professional context.

The only two countries having classes to teach VET learners (EQF levels 3 and 4) about the different issues linked to health and the importance of positive behaviours and active commitment of VET learners in order to maintain and strengthen their health are France and Portugal. The common topics addressed are:

- Occupational disease and work accident,
- Addictions and contemporary pathologies (including smoking, alcohol consumption, narcotic use)
- Sexually transmitted diseases.

2.4 Assessment of learning outcomes : describe methods, criteria and instruments used to assess learning outcomes

In Italy, at the end of the training, there is a final exam which comprises a practical test and a theoretical test to assess the level of knowledge and skills acquired.

In France, either for level 3 or 4, there are two written assignments during the training itself (ongoing assessment) and a practical situation for first-aid certification with at the end of the training a final examination. The assignments are usually based on a case study.

In Greece, the methods used to assess is different from one course to the other.

- Regarding the EPAL certificate (1st certificate - Orientation courses (courses taught to all professions) – module : safety and hygiene in work environment, the method used to assess the acquisition of competences is group assignments related to safety & hygiene within work environment, taking place in real case work spaces, interactive role-playing games with realistic scenarios.
- About EPAL certificate (2nd class – Health, provision and wellness sector for all professions) – module : health and nutrition, there are interim tests during the course period with group and individual assignments all along the course.
- The module Hygiene which is delivered for the training of some professions is assessed through a final exam at national level (written examination).
- Then for specificities linked to trades the methods can vary from one diploma to the other ; for radiologist assistant (EPAL), the acquisition of competences is evaluated through ongoing assessment within class and quarterly oral examination. For other trades such as baker, goldsmith, confectioner, hairdresser, cook, electrician (EPAS), learners are assessed through on-the-job training and implementation of knowledge and skills through apprenticeship in relevant work environment.

In Portugal, the method used is ongoing assessment (assignments contribute to the validation of the grade) and can take several aspects : developed tests, Rubrics for evaluating, Labwork, Exam questions, Capstone projects, Exhibits, Performances/Presentations, Portfolios of student work, Comprehensive exams, Standardized tests, Certificate exams. Some indirect methods can also be used : Surveys for Student, Employer, Exit interviews, Job placement rates, Course evaluations.

2.6 If the topic of health is not introduced yet, which diplomas could it be interesting to include it into ? Are courses leading to these particular diplomas flexible enough to introduce the topic in the VET pathways. How?

In Portugal, there is a legal base for all VET programs where all the units and modules are already determined and this is very difficult to introduce new subjects.

3. THE FIELD SURVEY

Annex 1 : field survey questionnaire

3.1 Approach for the survey

The survey has been undertaken through a protocol of questions to interview each organization. Therefore the survey is to be made through face to face or phone contact. Partners are required to avoid questionnaire sent to companies/organizations unless they can guarantee they will spare time to answer which is very unlikely to happen.

Pictures can be taken and link to their website, social media must be supplied for the report. Partners must identify bodies which claim or are concerned about health literacy and education towards their beneficiaries, employees, learners. Some may not be fully aware that raising awareness about health and work is an important issue for the well-being of their employees, the general working environment and work effectiveness.

The main goal of this survey is to have a better knowledge of the issues related to health faced by beneficiaries and thus identifying the needs for training – which topics need to be addressed – the hindrances and levers towards a good hygiene and health for a better professional inclusion. We wish also to strive focus on the best methodology and tools to raise awareness about this topic (depending on the target group probably).

Yet the main targets are social services, job centres, training centres, VET schools, youth associations, health associations, local authorities, businesses. The wider the scope of bodies the better.

Our goal was to make a survey of at least 24 European organisations. We finally interviewed 29 different institutions from 4 different countries among which some key actors in the field of health.

List of the organizations which have completed the survey :

In France:

GRETA Région Havraise – VET provider (for adult education)

ASSOCIATION ETRE ET BOULOT – Association for social and professional inclusion

I.R.F.A. – VET provider (for adult education)

GRETA Sud-Normandie – VET provider (for adult education)

MISSION LOCALE DE LA BAIE DE SEINE – Organization in charge of social and professional inclusion of young people
PLIE DU PAYS D'AUGE NORD – Organization to support work-integrated social enterprise
CENTRE SOCIO-CULTUREL DE LA GUERINIERE – Social services for families
UNIS CITE – Promotion and organisation of Voluntary Service of young people
WEBHELP – Social and professional inclusion of young people

In Italy:

FULL SERVICE SRL - Medium-sized enterprise
MUNICIPALITY OF REGGIO CALABRIA (local government) - Department of Human Resources
POSYTRON ENGINEERING Srl - Academy ICT Business School
CONFESERCENTI Confederation of Small Enterprises, that supports and promotes SMEs in the fields of industry, crafts, commerce, tourism and services.
METROPOLITAN CITY OF REGGIO CALABRIA (local government) - Department n. 5 VET and Education
NEW DEAL NGO - Youth Organisation of university students

In Norway:

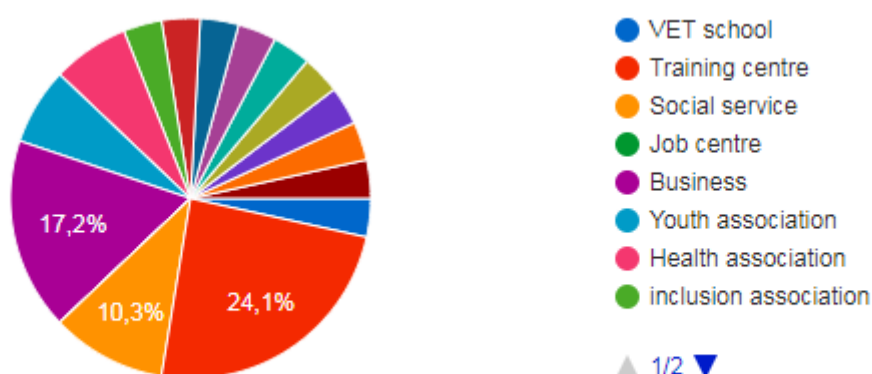
CARITAS NORGE – Training centre, social services, job center and health association
FONTENEHUSET – Training centre and social services
IDEBANKEN.ORG – Health association
NORSK FRILUFTSLIV - Health association
INTEGRERINGS OG MANGFOLDSDIREKTORATET. (The Norwegian directorate for integration and multitude) – VET school and training centre, social service and job centre
VESTFOLD RODE KORS (Norwegian Red Cross Vestfold province dpt.) – Youth and Health association, training centre and social services

In Portugal:

FUNDACAO DA JUVENTUDE: nonprofit foundation, focused on Training, entrepreneurship and support to youth people (Employment) in Oporto.
ALKALINECARE - Medium-sized enterprise that works in health care.
SOJOVEM: ONG (non-governmental organization), stimulate and support young people.
CINDOR: vocational training school of the Goldsmithery and Clockmaking Industry;
UNIAO DE FREGUESIAS DE LORDELO DO OURO E MASSARELOS: local government (Department of Human Resources).
ESTRELAS & GENIOS, Lda - Academy ICT Business School.

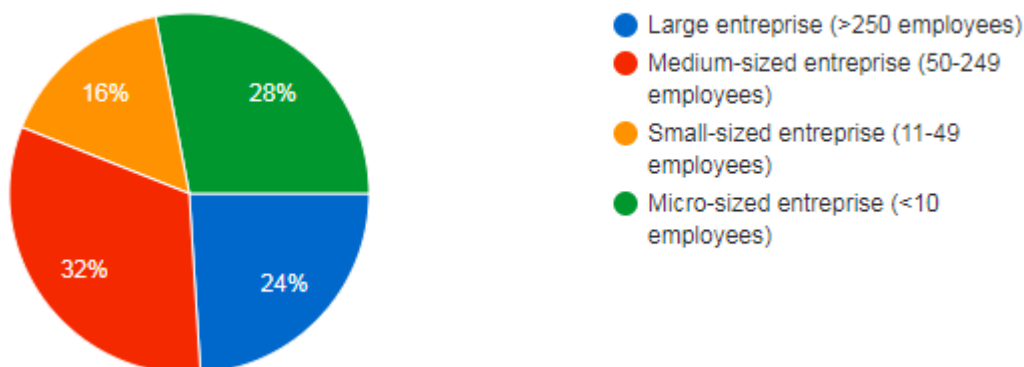
3.2 Results

If we consider **the type of organizations interviewed**, we can consider that we have a wide range of bodies; all of them being in touch with beneficiaries for which the topic of health is a key issue, and sometimes a barrier to social and occupational inclusion.

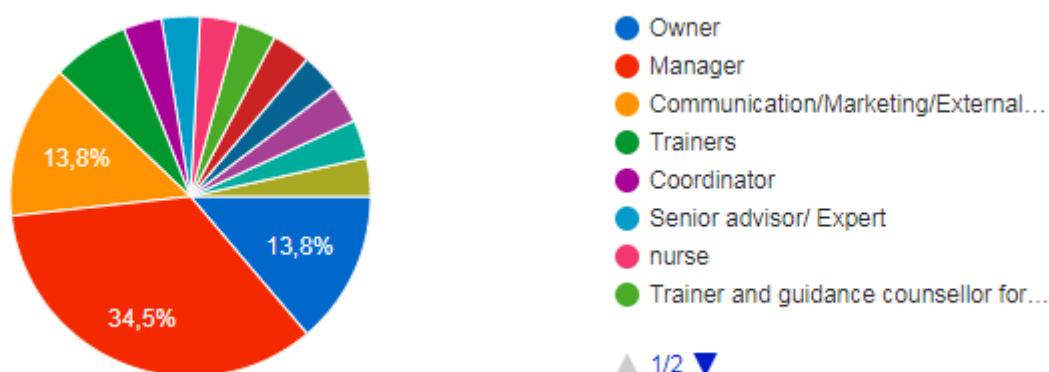


The most important part is represented by VET providers either school or training centers for adults, representing all together approximately one third of the respondents: 32 %. In second position, we have businesses with 17% of all respondents. Various types of local authorities (municipalities for instance), representing 16% of the sample, are ranking third followed by social services with 10,3%. Several organizations interviewed cover several types considering the variety of services they can offer to their beneficiaries.

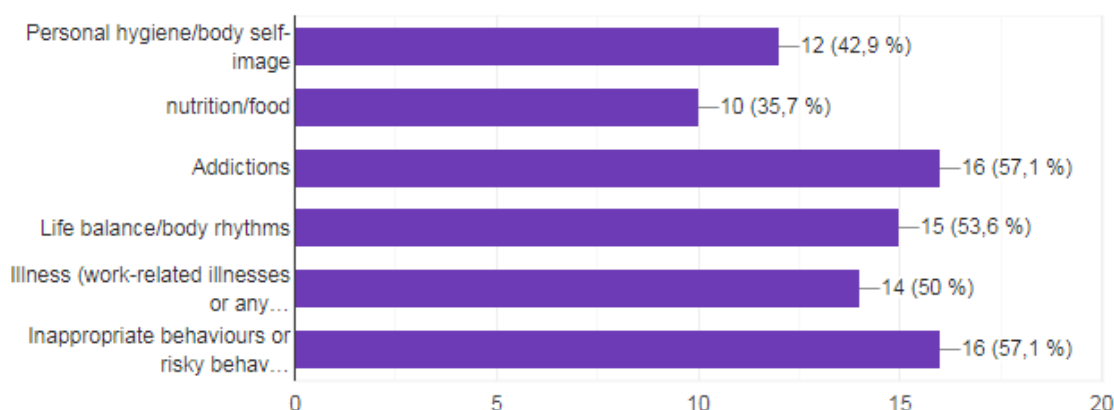
Regarding **the size of the organizations** taking part in the survey, the group is well balanced even if the most important group comprises medium-sized enterprises with nearly a third of the respondents.



About **the profile of respondents**, managers (also directors) and owners represent altogether more than half of all interviewees: 52% and thus the majority. Quite surprising, if we consider the proportion of training centers having taken part in the survey, only 12 % of interviewees are declared as trainers. If we add counsellors, advisors and coordinators who are professionals in direct contact with individuals, the proportion can reach 32% (it depends on the terminology used in the different bodies to talk about a person in charge of supporting individuals in their pathway).



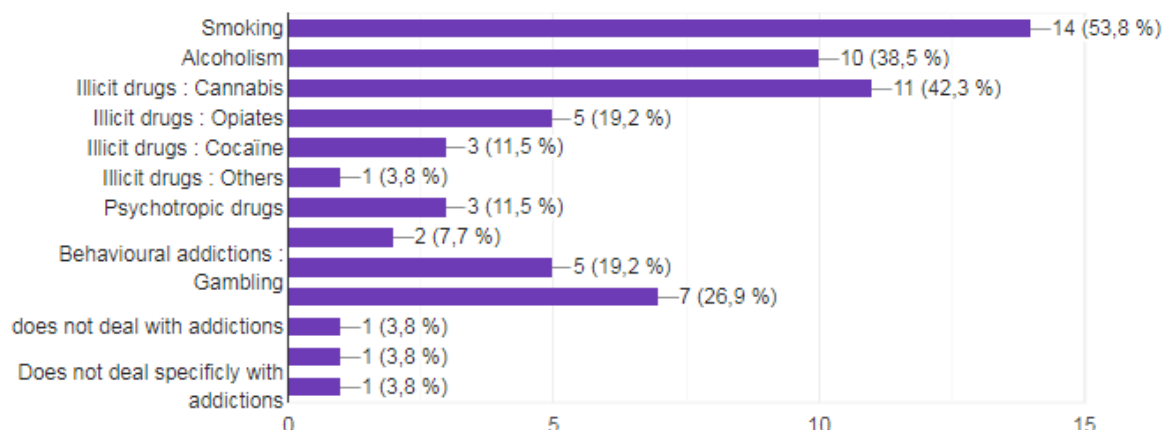
What are the most important health problems faced in your organization (for the audience/the staff) which can become a barrier to professional inclusion?



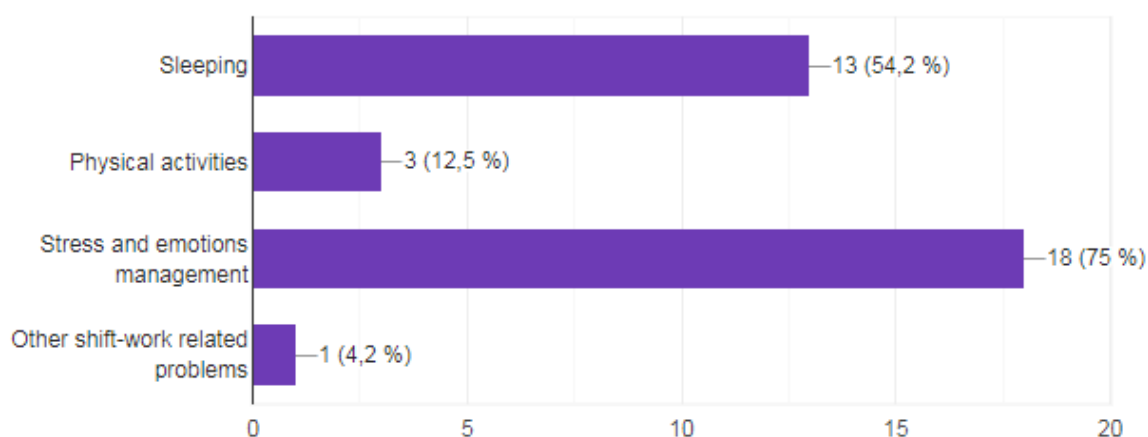
The main issues identified by more than half of the respondents as being faced by their beneficiaries or their staff members and possibly being a barrier to occupational inclusion are **addictions** and at the same level, **inappropriate and risky behaviours**. The issue ranking second for 53,6% of interviewees is **life balance and body rhythms**. The issue ranking third is **illnesses (either work-related or any other type of illnesses)** followed by **personal hygiene and self image**.

If we consider each topic independently and we upgrade analysis, we can have a clear idea of the most common problems professionals have to deal with in their daily activities with beneficiaries (and/or staff).

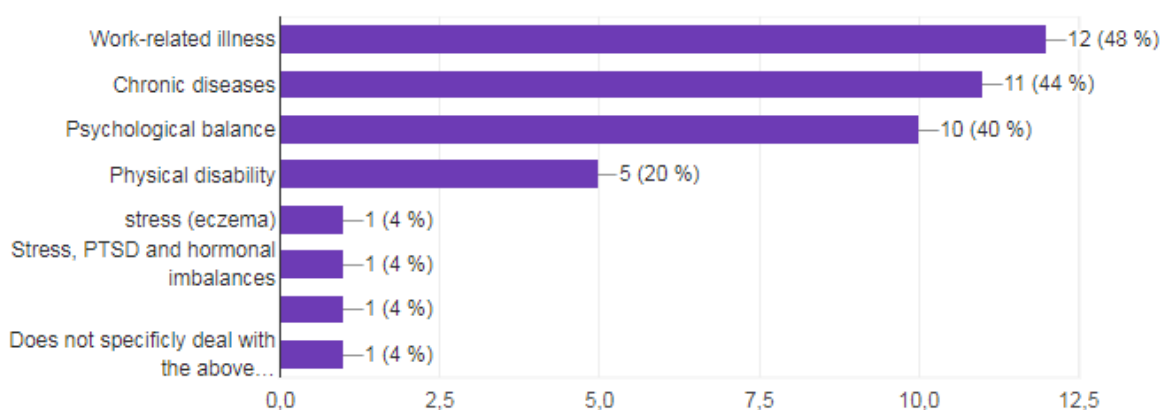
With reference to "addictions", the most common is **smoking** closely linked also to the use of **cannabis** : 53,8% of respondents mentioned smoking and 42,3% added cannabis. The second is **excessive drinking**. A completely different type of addiction ranks third: it is all about behaviours: gambling and other types of behavioural addictions – if we have a close look at what respondents included in this latest chapter, we can find addiction to video games and social media.



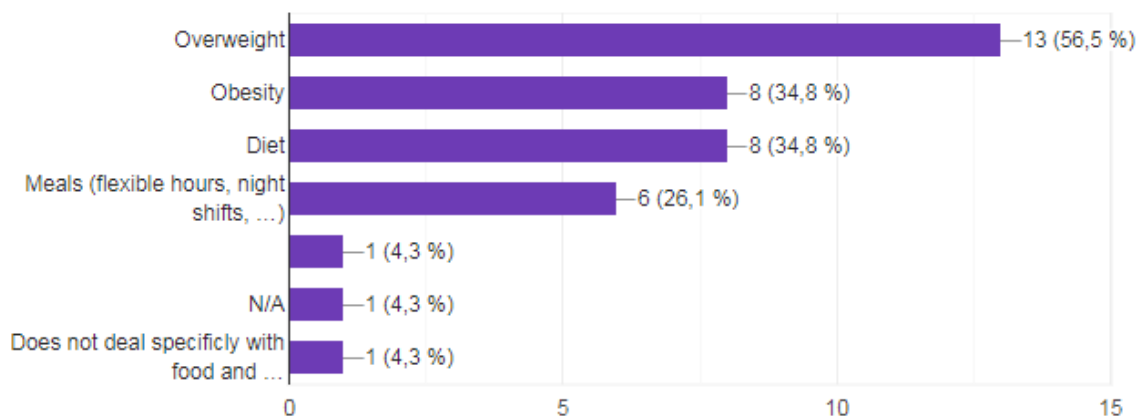
With regard to body rhythms, three quarters of the sample estimate that the management of **stress and emotions** is a big issue and that their beneficiaries suffer from it and have difficulties in managing it. The second problem identified is sleeping considering that we should probably read **sleep deprivation or sleep disorders**.



About illness, two types of diseases are quite logically spotted by nearly half of respondents as barriers to occupational inclusion : work-related illnesses and chronic diseases as they entail in most cases, the need for a change in career or the inability to work or at least to exercise certain professions. As they previously mentioned the problems linked to the management of stress and emotions, accordingly, 40% of them indicate that psychological balance is a real obstacle to social and occupational inclusion.



Although food did not appear in the list of the most common obstacles (only 28%) identified by respondents, for beneficiaries to have access to job market – very often depending on the type of position you apply for, the physical appearance considered as important in certain types of jobs – the main issue reported is overweight by 56,5%.

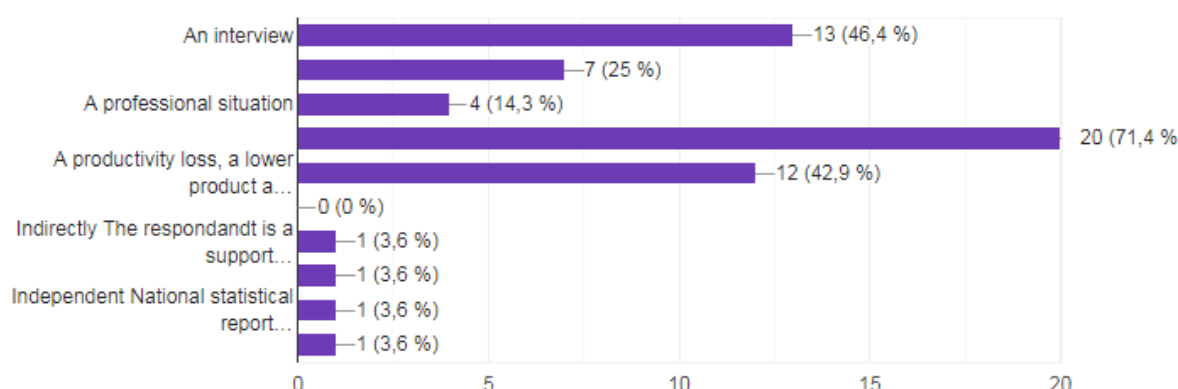


How do they spot health related problems (for their beneficiaries and their staff members)?

Health issues are not always directly visible by colleagues or by managers and according to 71,4% of respondents, they usually become aware that there is an issue when the number of work stoppage increases and/or there is an increased

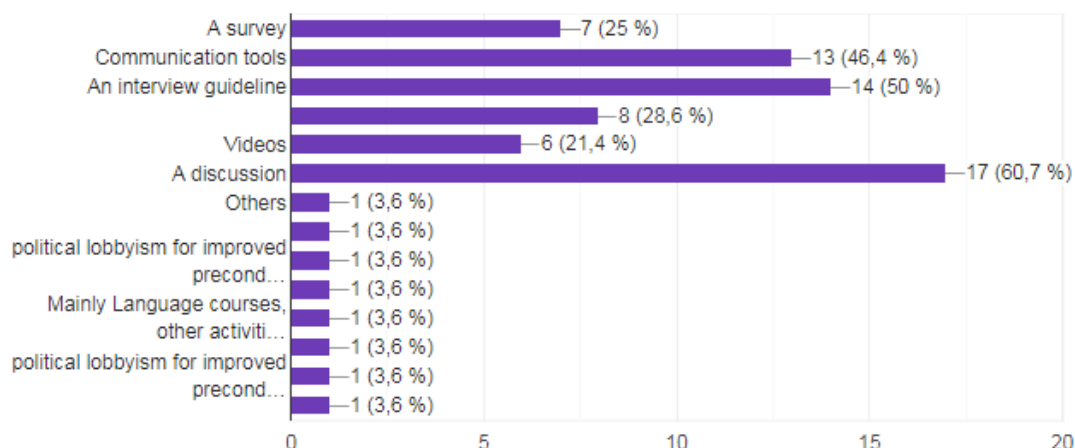
absenteeism, even for very short periods of time and that it becomes a recurring issue.

46.4% spot the problem during an interview which can be explained as in many of the organizations participating to the survey, regular interviews are organized with beneficiaries to support them in their pathway. The third indicator mentioned for nearly half of the group is the loss in productivity or in effectiveness due to health issues.



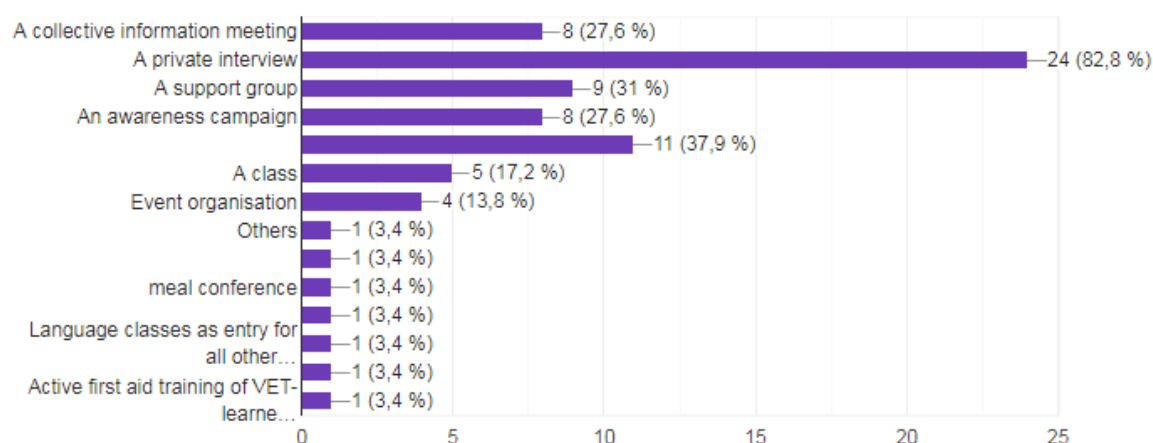
What type of tools do they use to talk about these issues with beneficiaries or staff members?

When respondents become aware that there is need to intervene, 60.7% have an open discussion with the person facing a health related issue. 50% use an interview guideline; it means that most people use direct communication to tackle the problem. On the other hand, about 46.4% use communication tools to address the issue and therefore indirect communication.



Which methods do they use to talk about these topics?

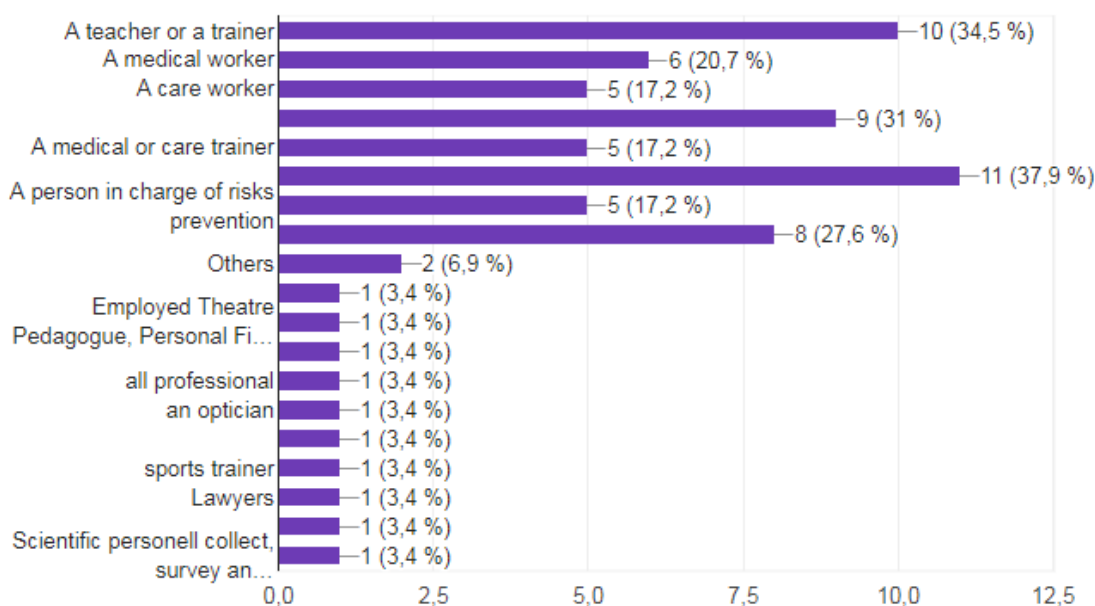
The results to this question confirm the trend noticed previously as that professionals interviewed (82.8%) prefer private interviews to discuss the health related problems faced by individuals in order to provide a tailored answer. Nevertheless, they use a wide range of other methods to raise awareness and act in a more indirect way with methods such as visits and meetings with health associations (37.9%), support groups (27.6%), collective information meetings (20%) and finally dedicated awareness campaign addressing specific topics.



Who deals with these issues?

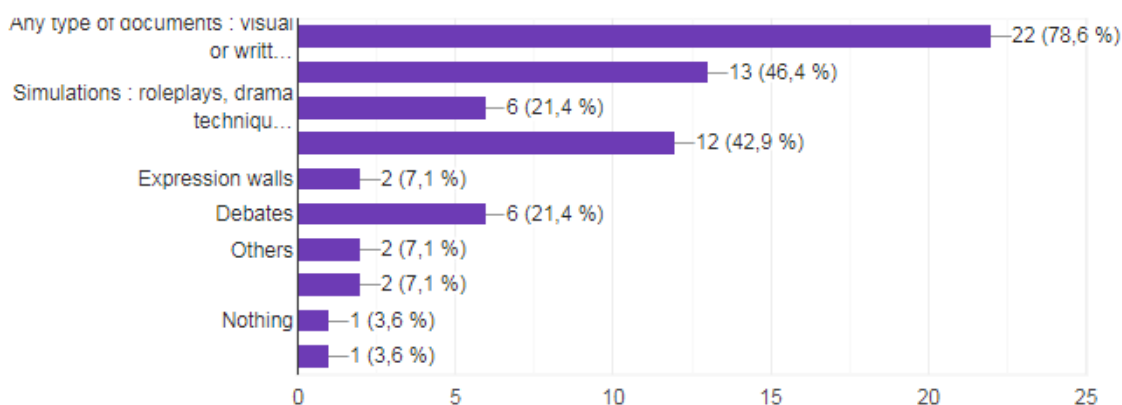
40% of respondents reported that this is the head of department or the manager who deals with it and 34.5 % a trainer or a teacher which means, that most of the time, people who are not specifically trained to deal with such topics. Nevertheless, if we add certain categories listed below, we can notice that quite a few people are in charge of prevention or so called risk prevention and also care or medical workers.

In some organizations, they ask for the support of externals (staff from associations of medical professionals) to intervene on very specific topics but this appears to be marginal.



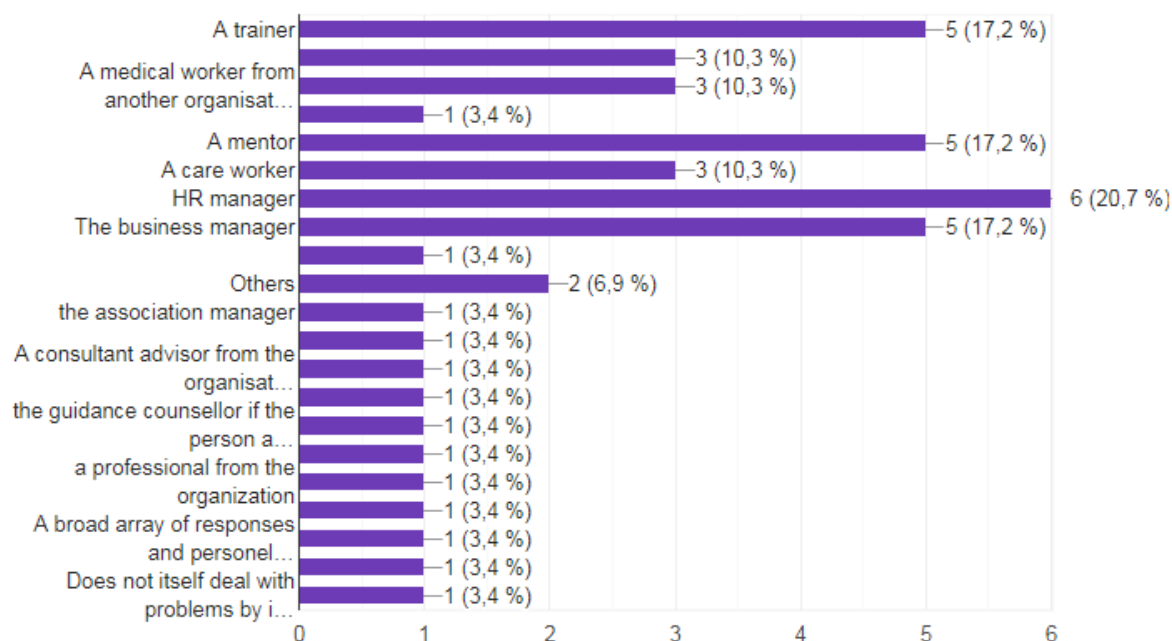
What type of pedagogical tools do they use to discuss about health related issues?

The most commonly pedagogical tools (about 79% of interviewees) used are any types of documentation on the topics (either visual or written such as leaflets, posters, magazines, webpages, social media ...). 46.4% use videos and 42.9% use case studies. The most striking fact is that there is not any mention of digital tools such as quizzes on line, serious games, mobile apps ...



When they notice a problem it is necessary to tackle and decide to organize an individual discussion, who takes part in it?

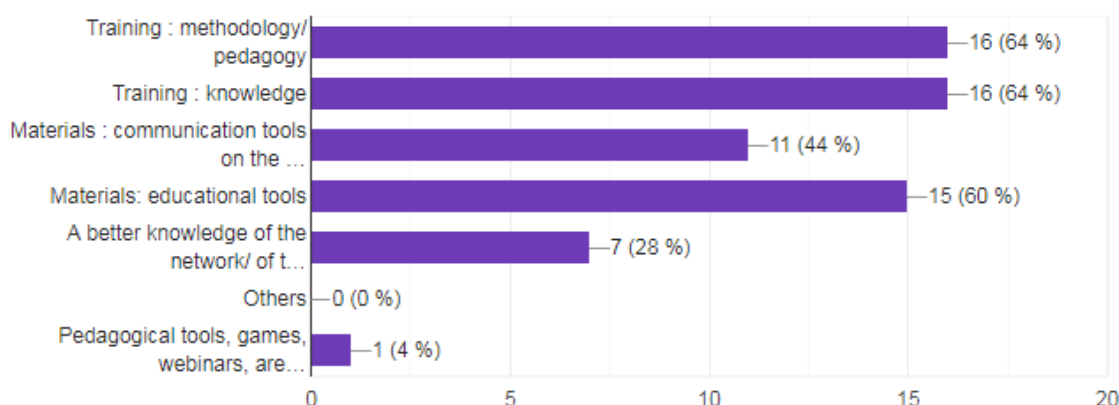
It appears that, according to what we already reported, managers either Human Resources or business managers deal with it when individual interviews are required. Trainers and mentors represent the second group with the same proportion as managers.



To be able to discuss about these issues, what would they need?

64% of respondents express their need for training, which is quite understandable as none of them is a health professional. They ask for training related to methodology and pedagogy but they also point out their need to update their knowledge about all these health related issues.

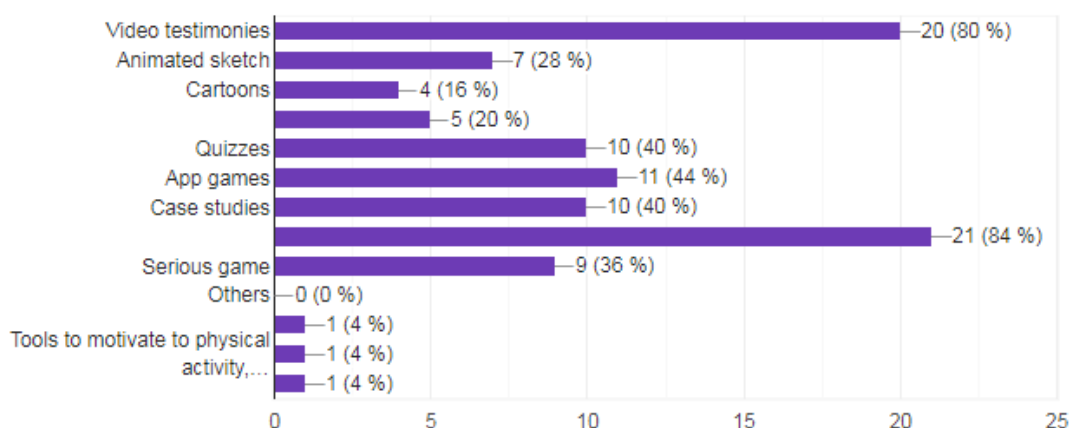
Very important too, 60% formulate their wish for educational tools which might means that there is a lot of literature about the topics (previous results about the tools) but not so many materials adapted to an educational purpose. Is also mentioned the need for communication tools to raise awareness (by 44% of them).



If some pedagogical tools had to be created, which type would be the most attractive according to you?

84% of people interviewed told that they would like to have some digital tools at disposal to teach about health and hygiene such as online contents and online tests or quizzes : a wish which is strengthened by the fact that 44% mentioned mobile app games, 36%, serious games, 28% chose animated sketches,

According to them, video testimonies seem to be a good material also to raise awareness and a good incenct to lead to a discussion.



Conclusion

The main health related issues identified by participants to the survey liable to have consequences and be obstacles to occupational inclusion of individuals are :

- Addictions,
- Inappropriate and risky behaviours,
- Personal hygiene and body self-image,
- Life balance,
- Illnesses (either chronic or occupational).

With focuses on certain specific topics : smoking (included cannabis use), excessive drinking, stress, sleep disorders and work-related diseases.

It appears that most of the time, staff dealing with individuals facing health problems are not health professionals and need a special training either on the way to “teach” health or on the knowledge associated to health and hygiene issue.

To address this field, they use various methods but mainly organize individual discussions; collective answers are also proposed such as collective information meetings, visits of health associations, awareness campaigns,

The most commonly used pedagogical tools are any types of documentation on the topics (either visual or written such as leaflets, posters, magazines, webpages, social media ...). They also use videos and case studies.

The participants express their need of new digital educational tools such as quizzes online, serious games, mobile apps, e-learning modules but also, and not insignificantly, their need for training related to a methodology on how to address these topics as well as on an updating of their knowledge.

Annex 1

Approach for the survey:

The survey will be undertaken through a protocol of questions to interview each organization. Therefore the survey is to be made through face to face or phone contact. Partners are required to avoid questionnaire sent to companies/organizations unless they can guarantee they will spare time to answer which is very unlikely to happen.

Pictures can be taken and link to their website, social media must be supplied for the report.

Partners must identify bodies which claim or are concerned about health literacy and education towards their beneficiaries, employees, learners. Some may not be fully aware that raising awareness about health and work is an important issue for the well-being of their employees, the general working environment and work effectiveness.

The main goal of this survey is to have a better knowledge of the issues related to health faced by beneficiaries and thus identifying the needs for training – which topics need to be addressed – the hindrances and levers towards a good hygiene and health for a better professional inclusion. We wish also to strive focus on the best methodology and tools to raise awareness about this topic (depending on the target group probably).

Yet the main targets are social services, job centers, training centers, VET schools, youth associations, health associations, local authorities, businesses. The wider the scope of bodies the better.

Our goal is to make a survey of at least 36 European organizations.

Reminder

The input of this mapping is going to be used to work on output 1: The design of a new curriculum referring to the link between health and vocational inclusion with the definition of learning outcomes which will be the basis for the design of a training game.

Protocol of questions:

The interview is to provide the following data:

1. Organization profile

- **Company details :**

Name:

Address :

Website :

Social media :

Description of departments (if applicable) :

Organisational chart:

- **Type of organisation :**

- ☐ VET school
- ☐ Training center
- ☐ social service
- ☐ Job centre
- ☐ business
- ☐ youth association
- ☐ Health association
- ☐ other (please, specify)

- **Size of organisation :**

- ☐ Large enterprise (250+ employees)
- ☐ Medium-sized enterprise (50-249 employees)
- ☐ Small-sized enterprise (11-49 employees)
- ☐ Micro-sized enterprise (<10 employees)

- **Profile of the respondent:**

- ☐ Owner
- ☐ Manager
- ☐ Communication/Marketing/External relations officer
- ☐ Other (please specify) : trainer & guidance counselor for adults

EASY HEALTH aims at supporting individuals in acquiring and developing key competences and more particularly competences related to health linked to professional inclusion.

We are aiming at helping our target group namely VET learners and unemployed to get knowledge of how to maintain good health, hygiene and nutrition for themselves and their family in order to reinforce the security for their professional career through the design of a curriculum, a training game, a communication strategy to promote education for health, the creation of a new approach in order to raise awareness on the topic of health (part of social and civic competences : key competences) related to work inclusion.

1. What are the most important health problems faced in your organisation (for the audience/the staff) which can become a barrier to professional inclusion?

- Personal hygiene/body self-image
- nutrition/food
- Addictions
- Life balance/body rhythms
- Illness (work-related illnesses or any other type of illness)
- inappropriate behaviours or risky behaviours (aggressiveness, violence, safety rules, ...)
- Other:

1.2. Specify what are the most common for each type?

1.2.1. Addictions :

- smoking,
- alcohol drinking,
- illicit drugs
 - Cannabis,
 - Opiates
 - Cocaïne,
 - others :

- Psychotropic drugs,
- Behavioural addictions,
 - Eating disorders,
 - gambling,
- Others :

1.2.2 Body rhythms and rhythms influenced by work

- leeping, XXX
- physical activities,
- stress and emotions management,
- Others :

1.2.3 Health (itself)

- ork-related illness (travail musculaire)
- Chronic diseases,
- Psychological balance,
- Physical disability
- Others :

1.2.4 Food :

- overweight, XXX
- obesity, XXX
- diet
- meals (flexible hours, night shifts, ...)
- Others :

2 How do you spot health related problems?

- An interview

- An interview dedicated to health issue
- A professional situation
- An increase in the number of work stoppages, sick leaves, absenteeism
- A productivity loss, a lower product and service quality
- Others : Scientific studies, dialogue with employers and local, national administration

3 what type of tools do you use to spot/talk about these topics?

- A survey
- Communication tools
- An interview guideline
- A document to declare adverse event
- videos
- A discussion
- Others :

4 Which methods do you use to talk about these topics?

- A collective information meeting,
- A private interview
- A support group
- An awareness campaign
- Visits and meetings with associations
- A class. Which pedagogy ?
- Event organisation
- Others

5 Who deals with these issues?

- ☐ A teacher or a trainer
- ☐ A medical worker
- ☐ A care worker
- ☐ A person in charge of prevention
- ☐ A medical or care trainer
- ☐ The head of department /the manager
- ☐ A person in charge of risks prevention
- ☐ A person working for an association (specify :)
- ☐ others :

6 Which tools do you use?

- ☐ Any type of documents : visual or written: articles, posters, leaflets, -> If yes, specify :
all the above
- ☐ Videos,
- ☐ Simulations : roleplays, drama techniques, forum theatre,
- ☐ Case studies,
- ☐ Expression walls,
- ☐ debates,
- ☐ Others :

7 When you noticed a problem and it is necessary to tackle and decide to organize an individual interview, who takes part in it?

- ☐ A trainer,
- ☐ A medical worker working in your organization
- ☐ A medical worker from another organisation

- A tutor
- A mentor
- A care worker
- HR manager
- The business manager
- A member of the Health and Safety committee
- **Others :**

8 To be able to discuss about these issues, what would you need?

- Training : methodology/pédagogie
- Training : knowledge
- Materials : communication tools on the topic
- Materials: educational tools
- A better knowledge of the network/ of the local, regional actors
- Others :

9 If some tools had to be created, Which type would be the most attractive according to you?

- Video testimonies
- Animated sketch
- cartoons
- flash cards or any supports made with pictures
- Quizzes
- App games
- Case studies
- Digital tools : online tests, online contents,

- Serious game
- Others